#### **BRIDGEPORT HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (3) (4) (6) (5) FY 2015 FY 2016 AMOUNT LINE DESCRIPTION DIFFERENCE DIFFERENCE **ACTUAL ACTUAL ASSETS Current Assets:** Cash and Cash Equivalents \$25,968,000 \$25,249,000 (\$719,000)-3% Short Term Investments \$61,779,000 \$56,146,000 (\$5,633,000)-9% Accounts Receivable (Less: Allowance for Doubtful Accounts) \$54.662.000 \$53.543.000 -2% (\$1,119,000)Current Assets Whose Use is Limited for Current Liabilities \$679.000 \$715.000 \$36,000 5% 5 Due From Affiliates \$0 \$0 \$0 0% \$0 0% 6 Due From Third Party Payers \$0 \$0 32% 7 \$4,349,000 \$5,720,000 \$1,371,000 Inventories of Supplies 1% **Prepaid Expenses** \$8,021,000 \$8,065,000 \$44,000 6% Other Current Assets \$13,630,000 \$14,392,000 \$762,000 -3% **Total Current Assets** \$169,088,000 \$163,830,000 (\$5,258,000)В. **Noncurrent Assets Whose Use is Limited:** \$0 0% Held by Trustee \$0 \$0 0% 2 Board Designated for Capital Acquisition \$0 \$0 \$0 Funds Held in Escrow \$0 \$0 \$0 0% Other Noncurrent Assets Whose Use is Limited \$0 \$0 \$0 0% **Total Noncurrent Assets Whose Use is Limited:** \$0 0% \$0 \$0 Interest in Net Assets of Foundation \$69,267,000 \$10,330,000 15% \$79,597,000 \$22,585,000 \$23,795,000 \$1,210,000 5% 6 Long Term Investments -7% Other Noncurrent Assets \$60,406,000 \$55,880,000 (\$4,526,000) C. **Net Fixed Assets:** Property, Plant and Equipment \$430,427,000 \$554,467,000 \$124,040,000 29% Less: Accumulated Depreciation \$289,391,000 \$309,517,000 \$20,126,000 7% 74% Property, Plant and Equipment, Net \$141,036,000 \$244,950,000 \$103,914,000 -76% Construction in Progress \$69,785,000 \$16,865,000 (\$52,920,000) **Total Net Fixed Assets** \$261,815,000 24% \$210,821,000 \$50,994,000 **Total Assets** \$532,167,000 \$584,917,000 \$52,750,000 10%

#### BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (4) (1) (2) (3) (6) (5) FY 2015 FY 2016 AMOUNT LINE DESCRIPTION **ACTUAL** DIFFERENCE DIFFERENCE **ACTUAL** LIABILITIES AND NET ASSETS A. **Current Liabilities:** 1 Accounts Payable and Accrued Expenses \$50.085.000 \$46,212,000 (\$3,873,000)-8% 12% 2 Salaries, Wages and Payroll Taxes \$18,777,000 \$20,950,000 \$2,173,000 0% 3 Due To Third Party Payers \$0 \$0 \$0 0% Due To Affiliates \$0 \$0 \$0 5 \$12,179,000 \$14,348,000 \$2,169,000 18% Current Portion of Long Term Debt 0% Current Portion of Notes Payable \$0 \$0 -5% Other Current Liabilities \$15,856,000 \$15,141,000 (\$715,000)0% **Total Current Liabilities** \$96,897,000 \$96,651,000 (\$246,000) B. Long Term Debt: Bonds Payable (Net of Current Portion) \$73,372,000 \$64,747,000 (\$8,625,000) -12% Notes Payable (Net of Current Portion) \$60.309.000 \$96.386.000 \$36,077,000 60% **Total Long Term Debt** \$133,681,000 \$161.133.000 \$27.452.000 21% 3 \$77,643,000 \$9,339,000 14% Accrued Pension Liability \$68,304,000 4% Other Long Term Liabilities \$64,721,000 \$67,265,000 \$2,544,000 15% **Total Long Term Liabilities** \$266,706,000 \$306,041,000 \$39,335,000 Interest in Net Assets of Affiliates or Joint Ventures \$0 \$0 \$0 0% C. Net Assets: Unrestricted Net Assets or Equity \$110,843,000 \$116,790,000 \$5,947,000 5% Temporarily Restricted Net Assets \$34,845,000 \$42,302,000 \$7,457,000 21% Permanently Restricted Net Assets \$22,876,000 \$23,133,000 \$257,000 1% **Total Net Assets** \$168.564.000 \$182,225,000 \$13.661.000 8% **Total Liabilities and Net Assets** \$532,167,000 \$584,917,000 \$52,750,000 10%

		GEPORT HOSPITAL							
		MONTHS ACTUAL F	ILING						
	FISCAL YEAR 2016  REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION								
(1)	(2)	(3)	(4)	(5)	(6)				
(')	(2)	FY 2015	FY 2016	AMOUNT	%				
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
11	Total Gross Patient Revenue	\$1,759,987,000	\$1,767,448,000	\$7,461,000	0%				
2	Less: Allowances	\$1,232,938,444	\$1,232,133,715	(\$804,729)	0%				
3	Less: Charity Care	\$35,462,000	\$38,202,000	\$2,740,000	8%				
4	Less: Other Deductions	\$10,095,556	\$8,681,285	(\$1,414,271)	-14%				
	Total Net Patient Revenue	\$481,491,000	\$488,431,000	\$6,940,000	1%				
5	Provision for Bad Debts  Net Patient Service Revenue less provision for bad	\$15,417,000	\$15,692,000	\$275,000	2%				
	debts	\$466,074,000	\$472,739,000	\$6,665,000	1%				
6	Other Operating Revenue	\$31,305,000	\$37,462,500	\$6,157,500	20%				
7	Net Assets Released from Restrictions	\$750,000	\$522,500	(\$227,500)	-30%				
	Total Operating Revenue	\$498,129,000	\$510,724,000	\$12,595,000	3%				
В.	Operating Expenses:								
1	Salaries and Wages	\$156,621,000	\$158,654,000	\$2,033,000	1%				
2	Fringe Benefits	\$50,585,000	\$45,301,000	(\$5,284,000)	-10%				
3	Physicians Fees	\$27,676,000	\$34,941,000	\$7,265,000	26%				
4	Supplies and Drugs	\$52,564,000	\$59,396,000	\$6,832,000	13%				
5	Depreciation and Amortization	\$32,364,000	\$39,390,000	\$1,296,000	4%				
6	Bad Debts	\$31,148,000	\$32,444,000	\$1,290,000	0%				
7		\$3,048,000	\$5,480,000	\$2,432,000	80%				
8	Interest Expense	\$6,225,000	\$7,861,000	\$1,636,000	26%				
	Malpractice Insurance Cost Other Operating Expenses								
9	Total Operating Expenses	\$115,589,000 <b>\$443,456,000</b>	\$126,117,000 <b>\$470,194,000</b>	\$10,528,000 <b>\$26,738,000</b>	9% <b>6%</b>				
	Total Operating Expenses	\$443,450,000	\$470,194,000	\$20,730,000	070				
	Income/(Loss) From Operations	\$54,673,000	\$40,530,000	(\$14,143,000)	-26%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$0	\$0	\$0	0%				
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%				
3	Other Non-Operating Gains/(Losses)	(\$542,000)	(\$51,000)	\$491,000	-91%				
	Total Non-Operating Revenue	(\$542,000)	(\$51,000)	\$491,000	-91%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$54,131,000	\$40,479,000	(\$13,652,000)	-25%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	\$1,486,000	\$6,195,000	\$4,709,000	317%				
	All Other Adjustments	\$0	\$0	\$0	0%				
	Total Other Adjustments	\$1,486,000	\$6,195,000	\$4,709,000	317%				
	Excess/(Deficiency) of Revenue Over Expenses	\$55,617,000	\$46,674,000	(\$8,943,000)	-16%				
	Principal Payments	\$4,696,000		•	22%				
	i inicipal i aymono	ψ+,030,000	\$5,712,000	\$1,016,000	227				

#### REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
_ ` ,	, ,	FY 2015	FY 2016	AMOUNT	%
IINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	71010712	71010712	J 1 2.1(2.1(02	5 1 2.K2.K02
ı.	GROSS REVENUE BY PAYER				
<u> </u>	OKOOO KEVENOE BI I XII EK				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$315,221,324	\$301,419,084	(\$13,802,240)	-4%
2	MEDICARE MANAGED CARE	\$123,172,907	\$135,482,629	\$12,309,722	10%
3	MEDICAID	\$222,828,904	\$233,980,593	\$11,151,689	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$410,349	\$911,152	\$500,803	122%
6	COMMERCIAL INSURANCE	\$73,860,848	\$75,224,165	\$1,363,317	2%
7	NON-GOVERNMENT MANAGED CARE	\$113,838,226	\$111,375,113	(\$2,463,113)	-2%
8	WORKER'S COMPENSATION	\$6,930,273	\$5,098,655	(\$1,831,618)	-26%
9	SELF- PAY/UNINSURED	\$20,207,327	\$10,924,791	(\$9,282,536)	-46%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$876,470,158	\$874,416,182	(\$2,053,976)	0%
В.	OUTPATIENT GROSS REVENUE		*********		
1	MEDICARE TRADITIONAL	\$160,015,874	\$166,409,070	\$6,393,196	4%
2	MEDICARE MANAGED CARE	\$81,834,038	\$86,069,756	\$4,235,718	5%
3	MEDICAID	\$307,573,351	\$304,832,821	(\$2,740,530)	-1%
4	MEDICAID MANAGED CARE	\$0 \$836.199	\$0	\$0 \$000.740	0%
5 6	CHAMPUS/TRICARE COMMERCIAL INSURANCE	\$119,227,133	\$1,072,941 \$117,502,855	\$236,742 (\$1,724,278)	28%
7	NON-GOVERNMENT MANAGED CARE	\$174,364,989	\$172,682,743	(\$1,724,276)	-1% -1%
8	WORKER'S COMPENSATION	\$6,494,074	\$5,665,761	(\$828,313)	-13%
9	SELF- PAY/UNINSURED	\$33,171,524	\$38,794,461	\$5,622,937	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$883,517,182	\$893,030,408	\$9,513,226	1%
		<del>+ + + + + + + + + + + + + + + + + + + </del>	<del>+</del> + + + + + + + + + + + + + + + + + +	<del>+0,0.0,==0</del>	1,0
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$475,237,198	\$467,828,154	(\$7,409,044)	-2%
2	MEDICARE MANAGED CARE	\$205,006,945	\$221,552,385	\$16,545,440	8%
3	MEDICAID	\$530,402,255	\$538,813,414	\$8,411,159	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,246,548	\$1,984,093	\$737,545	59%
6	COMMERCIAL INSURANCE	\$193,087,981	\$192,727,020	(\$360,961)	0%
7	NON-GOVERNMENT MANAGED CARE	\$288,203,215	\$284,057,856	(\$4,145,359)	-1%
8	WORKER'S COMPENSATION	\$13,424,347	\$10,764,416	(\$2,659,931)	-20%
9	SELF- PAY/UNINSURED	\$53,378,851	\$49,719,252	(\$3,659,599)	-7%
10		\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,759,987,340	\$1,767,446,590	\$7,459,250	0%
II.	NET REVENUE BY PAYER				
	'				
Α.	INPATIENT NET REVENUE	A/22 2= 1 2	000	(00 - 1 1 - 1	
1	MEDICARE TRADITIONAL	\$102,871,768	\$96,855,799	(\$6,015,969)	-6%
2	MEDICARE MANAGED CARE	\$38,459,124	\$37,980,752	(\$478,372)	-1%

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#### REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3	MEDICAID	\$40,320,958	\$51,084,429	\$10,763,471	27%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$91,862	\$168,167	\$76,305	83%
6	COMMERCIAL INSURANCE	\$34,767,627	\$35,590,859	\$823,232	2%
7	NON-GOVERNMENT MANAGED CARE	\$54,595,644	\$51,603,096	(\$2,992,548)	-5%
8	WORKER'S COMPENSATION	\$3,642,665	\$2,260,128	(\$1,382,537)	-38%
9	SELF- PAY/UNINSURED	\$10,449,109	\$5,502,869	(\$4,946,240)	-47%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$285,198,757	\$281,046,099	(\$4,152,658)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$27,226,592	\$30,358,717	\$3,132,125	12%
2	MEDICARE MANAGED CARE	\$12,392,980	\$13,409,202	\$1,016,222	8%
3	MEDICAID	\$43,186,014	\$48,056,138	\$4,870,124	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$181,050	\$117,668	(\$63,382)	-35%
6	COMMERCIAL INSURANCE	\$43,356,708	\$46,485,484	\$3,128,776	7%
7	NON-GOVERNMENT MANAGED CARE	\$61,553,145	\$65,714,339	\$4,161,194	7%
8	WORKER'S COMPENSATION	\$2,702,132	\$1,427,091	(\$1,275,041)	-47%
9	SELF- PAY/UNINSURED	\$16,413,766	\$5,014,778	(\$11,398,988)	-69%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$207,012,387	\$210,583,417	\$3,571,030	2%
	TOTAL NET DEVENUE				
<u>C.</u>	TOTAL NET REVENUE MEDICARE TRADITIONAL	\$130,098,360	\$127,214,516	(\$2,883,844)	-2%
	MEDICARE MANAGED CARE				1%
3	MEDICARE MANAGED CARE MEDICAID	\$50,852,104 \$83,506,972	\$51,389,954 \$99,140,567	\$537,850 \$15,633,595	19%
	100		. , ,		
<u>4</u> 5	MEDICAID MANAGED CARE	\$0 \$272,912	\$0 \$295.935	\$0	0% 5%
	CHAMPUS/TRICARE		\$285,835	\$12,923	
6	COMMERCIAL INSURANCE	\$78,124,335	\$82,076,343	\$3,952,008	5%
7	NON-GOVERNMENT MANAGED CARE	\$116,148,789	\$117,317,435	\$1,168,646	1%
8	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$6,344,797 \$26.862.875	\$3,687,219	(\$2,657,578)	-42% -61%
_		· -, ,	\$10,517,647	(\$16,345,228)	
10	SAGA OTHER	\$0	\$0 \$0	\$0 \$0	0%
11		\$0	·		0%
	TOTAL NET REVENUE	\$492,211,144	\$491,629,516	(\$581,628)	0%
III.	STATISTICS BY PAYER				
	DIOCHAROES				
Α.	DISCHARGES			400	
1	MEDICARE TRADITIONAL	5,686	5,808	122	2%
2	MEDICARE MANAGED CARE	2,234	2,352	118	5%
<u>3</u>	MEDICAID MANAGED CARE	6,240	6,767	527	8%
5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	0	0 36	0 20	0% 125%
6	COMMERCIAL INSURANCE	1,937	2,322	385	20%
7	NON-GOVERNMENT MANAGED CARE	2,827	3,033	206	7%
8	WORKER'S COMPENSATION	90	78	(12)	-13%
U	WORKER & CONFERNATION	90	70	(12)	-13%

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#### REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	SELF- PAY/UNINSURED	785	261	(524)	-67%
10	SAGA	0	261 0	(324)	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	19,815	20,657	842	4%
В.	PATIENT DAYS	13,510	20,001	042	470
1	MEDICARE TRADITIONAL	41,277	37,682	(3,595)	-9%
2	MEDICARE MANAGED CARE	15,618	16,792	1,174	8%
3	MEDICAID	28.455	29,234	779	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	42	144	102	243%
6	COMMERCIAL INSURANCE	8,322	8,822	500	6%
7	NON-GOVERNMENT MANAGED CARE	12,217	11,744	(473)	-4%
8	WORKER'S COMPENSATION	466	293	(173)	-37%
9	SELF- PAY/UNINSURED	3,075	1,231	(1,844)	-60%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	109,472	105,942	(3,530)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	43,870	45,694	1,824	4%
2	MEDICARE MANAGED CARE	21,701	23,036	1,335	6%
3	MEDICAID	113,563	113,190	(373)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	345	439	94	27%
6	COMMERCIAL INSURANCE	38,562	39,004	442	1%
7	NON-GOVERNMENT MANAGED CARE	54,879	56,970	2,091	4%
8	WORKER'S COMPENSATION	2,190	1,817	(373)	-17%
9	SELF- PAY/UNINSURED	12,967	14,175	1,208	9%
10	SAGA	0	0	0	0%
11	OTHER TOTAL OUTPATIENT VISITS	0	0	0	0% <b>2%</b>
	TOTAL OUTPATIENT VISITS	288,077	294,325	6,248	2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	REVENUE				
1	MEDICARE TRADITIONAL	\$22,827,748	\$21,987,909	(\$839,839)	-4%
2	MEDICARE MANAGED CARE	\$10,992,157	\$10,513,620	(\$478,537)	-4%
3	MEDICAID	\$120,439,985	\$116,611,292	(\$3,828,693)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$279,649	\$334,699	\$55,050	20%
6	COMMERCIAL INSURANCE	\$22,751,435	\$21,541,113	(\$1,210,322)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$29,609,688	\$30,442,866	\$833,178	3%
8	WORKER'S COMPENSATION	\$2,007,781	\$1,950,701	(\$57,080)	-3%
9	SELF- PAY/UNINSURED	\$14,490,390	\$15,686,604	\$1,196,214	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	GROSS REVENUE	\$223,398,833	\$219,068,804	(\$4,330,029)	-2%
	EMERGENCY DEPARTMENT OUTPATIENT NET				
В.	REVENUE				
1	MEDICARE TRADITIONAL	\$3,325,148	\$3,227,398	(\$97,750)	-3%

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#### REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,436,701	\$1,407,975	(\$28,726)	-2%
3	MEDICAID	\$13,391,932	\$13,736,595	\$344,663	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$53,649	\$42,041	(\$11,608)	-22%
6	COMMERCIAL INSURANCE	\$8,535,883	\$7,902,037	(\$633,846)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$9,468,979	\$10,409,412	\$940,433	10%
8	WORKER'S COMPENSATION	\$792,584	\$530,488	(\$262,096)	-33%
9	SELF- PAY/UNINSURED	\$3,947,603	\$3,050,367	(\$897,236)	-23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET				
	REVENUE	\$40,952,479	\$40,306,313	(\$646,166)	-2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,750	5,740	(10)	0%
2	MEDICARE MANAGED CARE	2,802	2,745	(57)	-2%
3	MEDICAID	45,211	43,919	(1,292)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	121	147	26	21%
6	COMMERCIAL INSURANCE	7,050	6,719	(331)	-5%
7	NON-GOVERNMENT MANAGED CARE	9,111	9,522	411	5%
8	WORKER'S COMPENSATION	703	709	6	1%
9	SELF- PAY/UNINSURED	5,526	6,069	543	10%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	76,274	75,570	(704)	-1%

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#### FISCAL YEAR 2016

#### REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>BEOOKII HON</u>	7.010/12	71010/12	DITTERCE	<u>DITT ETTEROL</u>
I.	OPERATING EXPENSE BY CATEGORY				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$58,048,061	\$59,163,449	\$1,115,388	2%
2	Physician Salaries	\$14,415,875	\$15,535,039	\$1,119,164	8%
3	Non-Nursing, Non-Physician Salaries	\$84,157,064	\$83,955,512	(\$201,552)	0%
	Total Salaries & Wages	\$156,621,000	\$158,654,000	\$2,033,000	1%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$15,773,784	\$14,121,639	(\$1,652,145)	-10%
2	Physician Fringe Benefits	\$2,895,000	\$2,621,112	(\$273,888)	-9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$31,916,216	\$28,558,249	(\$3,357,967)	-11%
	Total Fringe Benefits	\$50,585,000	\$45,301,000	(\$5,284,000)	-10%
C.	Contractual Labor Fees:				
<u> </u>	Nursing Fees	\$1,877,442	\$1,877,442	\$0	0%
2	Physician Fees	\$27,676,000	\$34,941,000	\$7,265,000	26%
3	Non-Nursing, Non-Physician Fees	\$49,765,859	\$49,765,859	\$0	0%
	Total Contractual Labor Fees	\$79,319,301	\$86,584,301	\$7,265,000	9%
D.	Medical Supplies and Pharmaceutical Cost:				
<u> </u>	Medical Supplies	\$40,470,000	\$44,379,000	\$3,909,000	10%
2	Pharmaceutical Costs	\$12,094,000	\$15,017,000	\$2,923,000	24%
	Total Medical Supplies and Pharmaceutical Cost	\$52,564,000	\$59,396,000	\$6,832,000	13%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$16,206,000	\$16,880,000	\$674,000	4%
2	Depreciation-Equipment	\$14,942,000	\$15,564,000	\$622,000	4%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$31,148,000	\$32,444,000	\$1,296,000	4%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$3,048,000	\$5,480,000	\$2,432,000	80%
		, , , , , , , , , ,	+ - , ,	* , - ,	
Н.	Malpractice Insurance Cost:	<b>#</b> 0.005.000	<b>#7.004.000</b>	<b>#</b> 4 000 000	200/
1	Malpractice Insurance Cost	\$6,225,000	\$7,861,000	\$1,636,000	26%
I.	Utilities:				
1	Water	\$426,410	\$401,138	(\$25,272)	-6%
2	Natural Gas	\$798,743	\$929,820	\$131,077	16%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$4,025,277	\$3,501,189	(\$524,088)	-13%
5	Telephone	\$62,410	\$116,899	\$54,489	87%
6	Other Utilities	\$262	\$32,793 <b>\$4,981,839</b>	\$32,531	12416%
	Total Utilities		<b>%4 981 839</b>	(\$331,263)	-6%
		\$5,313,102	Ψ4,501,005	(+001,200)	
J.	Business Expenses:		. , ,		
1	Business Expenses: Accounting Fees	\$408,000	\$68,115	(\$339,885)	
1 2	Business Expenses: Accounting Fees Legal Fees	\$408,000 \$148,411	\$68,115 \$84,948	(\$339,885) (\$63,463)	-83% -43%
1 2 3	Business Expenses: Accounting Fees Legal Fees Consulting Fees	\$408,000 \$148,411 \$633,481	\$68,115 \$84,948 \$500,330	(\$339,885) (\$63,463) (\$133,151)	-43% -21%
1 2 3 4	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership	\$408,000 \$148,411 \$633,481 \$762,801	\$68,115 \$84,948 \$500,330 \$891,205	(\$339,885) (\$63,463) (\$133,151) \$128,404	-43% -21% 17%
1 2 3 4 5	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership Equipment Leases	\$408,000 \$148,411 \$633,481 \$762,801 \$14,442	\$68,115 \$84,948 \$500,330 \$891,205 \$10,561	(\$339,885) (\$63,463) (\$133,151) \$128,404 (\$3,881)	-43% -21% 17% -27%
1 2 3 4 5 6	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership Equipment Leases Building Leases	\$408,000 \$148,411 \$633,481 \$762,801 \$14,442 \$3,722,969	\$68,115 \$84,948 \$500,330 \$891,205 \$10,561 \$3,902,184	(\$339,885) (\$63,463) (\$133,151) \$128,404 (\$3,881) \$179,215	-43% -21% 17% -27% 5%
1 2 3 4 5 6 7	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership Equipment Leases Building Leases Repairs and Maintenance	\$408,000 \$148,411 \$633,481 \$762,801 \$14,442 \$3,722,969 \$10,150,275	\$68,115 \$84,948 \$500,330 \$891,205 \$10,561 \$3,902,184 \$4,366,002	(\$339,885) (\$63,463) (\$133,151) \$128,404 (\$3,881) \$179,215 (\$5,784,273)	-43% -21% 17% -27% 5% -57%
1 2 3 4 5 6 7 8	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership Equipment Leases Building Leases Repairs and Maintenance Insurance	\$408,000 \$148,411 \$633,481 \$762,801 \$14,442 \$3,722,969 \$10,150,275 \$631,621	\$68,115 \$84,948 \$500,330 \$891,205 \$10,561 \$3,902,184 \$4,366,002 \$668,311	(\$339,885) (\$63,463) (\$133,151) \$128,404 (\$3,881) \$179,215 (\$5,784,273) \$36,690	-43% -21% 17% -27% 5% -57%
1 2 3 4 5 6 7	Business Expenses: Accounting Fees Legal Fees Consulting Fees Dues and Membership Equipment Leases Building Leases Repairs and Maintenance	\$408,000 \$148,411 \$633,481 \$762,801 \$14,442 \$3,722,969 \$10,150,275	\$68,115 \$84,948 \$500,330 \$891,205 \$10,561 \$3,902,184 \$4,366,002	(\$339,885) (\$63,463) (\$133,151) \$128,404 (\$3,881) \$179,215 (\$5,784,273)	-43% -21% 17% -27% 5% -57%

#### FISCAL YEAR 2016

#### REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
DES	SCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
Con	neral Supplies	\$5,499,527	\$5,541,201	\$41,674	1'
	enses and Subscriptions	\$484,662	\$5,541,201	\$47,767	109
	stage and Shipping	\$407,476	\$328,273	(\$79,203)	-19 <sup>4</sup>
	vertising	\$0	\$0	\$0	0,
	porate parent/system fees	\$5,461,092	\$5,753,914	\$292,822	5'
	mputer Software	\$179,524	\$133,545	(\$45,979)	-26'
	mputer hardware & small equipment	\$0	\$0	\$0	0'
	tary / Food Services	\$616,851	\$623,312	\$6,461	1'
	Fees / Red Cross charges	\$1,245,850	\$1,606,410	\$360,560	29
	ng & Collection / Bank Fees	\$473,989	\$489,006	\$15,017	3
Recr	cruiting / Employee Education & Recognition	\$249,757	\$217,141	(\$32,616)	-13
	indry / Linen	\$2,446,103	\$2,391,134	(\$54,969)	-2
Profe	fessional / Physician Fees	\$0	\$0	\$0	0
	ste disposal	\$139,787	\$164,752	\$24,965	18
	chased Services - Medical	\$0	\$0	\$0	0
	chased Services - Non Medical	\$0	\$0	\$0	0
	er Business Expenses	\$4,237,874	\$4,316,407	\$78,533	2
Tota	al Business Expenses	\$39,040,477	\$34,929,234	(\$4,111,243)	-11
Othe	er Operating Expense:				
	cellaneous Other Operating Expenses	\$19,592,120	\$34,562,626	\$14,970,506	76
				*	
Tota	al Operating Expenses - All Expense Categories*	\$443,456,000	\$470,194,000	\$26,738,000	(
*Ak	K.The total operating expenses amount above mus	t agree with the to	tal operating expe	enses amount on R	eport 150
_					
OPE	ERATING EXPENSE BY DEPARTMENT				
Gen	neral Services:				
_	neral Administration	\$34,776,450	\$42,704,541	\$7,928,091	23
_	neral Accounting	\$3,428,009	\$2,770,792	(\$657,217)	-19
	ient Billing & Collection	\$15,975,168	\$16,592,257	\$617,089	4
	nitting / Registration Office	\$72,425	\$6,638	(\$65,787)	-91
Data	a Processing	\$21,261,779	\$22,726,467	\$1,464,688	7
Com	mmunications	\$0	\$0	\$0	0
Pers	sonnel	\$53,082,174	\$47,859,951	(\$5,222,223)	-10
	olic Relations	\$0	\$0	\$0	0
	chasing	\$1,038,133	\$1,073,977	\$35,844	3
	tary and Cafeteria	\$5,010,086	\$5,207,642	\$197,556	4
	usekeeping	\$4,707,580	\$5,442,174	\$734,594	16
	indry & Linen	\$0	\$0	\$0	0
	eration of Plant	\$4,770,394	\$4,900,473	\$130,079	3
	curity	\$2,677,637	\$2,679,155	\$1,518	0
	pairs and Maintenance	\$7,519,375	\$13,329,024	\$5,809,649	77
	ntral Sterile Supply	\$3,438,561	\$3,886,335	\$447,774	13
	armacy Department	\$16,124,254	\$18,383,166	\$2,258,912	14
	er General Services al General Services	\$35,206,796 <b>\$209,088,821</b>	\$37,007,873 <b>\$224,570,465</b>	\$1,801,077 <b>\$15,481,644</b>	5
		<b>,</b>	<b>,</b> 1,010,100	4.0,.0.,0	
	fessional Services:	4 -	<u></u>	<u></u>	
	dical Care Administration	\$0	\$0	\$0	
	sidency Program	\$0	\$0	\$0	<u>(</u>
	sing Services Administration	\$3,744,861	\$3,834,738	\$89,877	2
_	dical Records	\$160,474	\$159,664	(\$810)	-1
	cial Service	\$3,759,917	\$4,118,678	\$358,761	10
	er Professional Services al Professional Services	\$0 <b>\$7,665,252</b>	\$0 <b>\$8,113,080</b>	\$0 <b>\$447,828</b>	(
		Ţ.,000,E0Z	70,,000	Ţ: II,020	
_	ecial Services:				12
_	ecial Services: erating Room	\$24,696,802	\$27,708,435	\$3,011,633	

#### FISCAL YEAR 2016

#### REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2015	FY 2016	AMOUNT	%			
INE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE			
		4		<u> </u>				
2	Recovery Room	\$1,394,795	\$1,496,528	\$101,733	79			
3	Anesthesiology	\$1,333,226	\$1,197,259	(\$135,967)	-109			
4	Delivery Room	\$4,703,042	\$4,546,983	(\$156,059)	-39			
5	Diagnostic Radiology	\$9,407,369	\$9,052,578	(\$354,791)	-49			
6	Diagnostic Ultrasound Radiation Therapy	\$1,671,518	\$1,634,930	(\$36,588)	-29			
7 8	Radioisotopes	\$4,756,287 \$1,142,824	\$3,632,452 \$935,115	(\$1,123,835) (\$207,709)	-249 -189			
9	CT Scan	\$1,510,592	\$1,407,209	(\$103,383)	-79			
10	Laboratory	\$13,920,082	\$14,249,225	\$329,143	29			
11	Blood Storing/Processing	\$13,920,082	\$14,249,223	\$0	00			
12	Cardiology	\$14,147,335	\$15,442,915	\$1,295,580	9'			
13	Electrocardiology	\$1,435,905	\$1,210,648	(\$225,257)	-16 <sup>4</sup>			
14	Electroencephalography	\$1,433,903	\$196,674	\$7,725	49			
15	Occupational Therapy	\$100,949	\$190,074	\$0	0,			
16	Speech Pathology	\$0	\$0 \$0	\$0 \$0	0,			
17	Audiology	\$0	\$0	\$0 \$0	0,			
18	Respiratory Therapy	\$2,882,362	\$3,030,135	\$147,773	5			
19	Pulmonary Function	\$2,662,362	\$259,963	(\$15,979)	-6°			
20	Intravenous Therapy	\$0	\$0	\$0	0,			
21	Shock Therapy	\$0	\$0	\$0	0,			
22	Psychiatry / Psychology Services	\$1,939,830	\$1,935,138	(\$4,692)	0,			
23	Renal Dialysis	\$746,311	\$888,679	\$142,368	199			
24	Emergency Room	\$24,100,559	\$26,130,057	\$2,029,498	8'			
25	MRI	\$827,041	\$721,884	(\$105,157)	-13'			
26	PET Scan	\$341,242	\$0	(\$341,242)	-1009			
27	PET/CT Scan	\$0	\$0	\$0	00			
28	Endoscopy	\$2,827,175	\$2,880,181	\$53,006	20			
29	Sleep Center	\$0	\$0	\$0	00			
30	Lithotripsy	\$0	\$0	\$0	00			
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	00			
32	Occupational Therapy / Physical Therapy	\$5,355,777	\$5,606,061	\$250,284	5'			
33	Dental Clinic	\$0	\$0	\$0	0,			
34	Other Special Services	\$0	\$0	\$0	0,			
	Total Special Services	\$119,604,965	\$124,163,049	\$4,558,084	4			
D.	Routine Services:							
1	Medical & Surgical Units	\$47,670,718	\$50,511,060	\$2,840,342	6'			
2	Intensive Care Unit	\$3,613,750	\$3,563,040	(\$50,710)	-1			
3	Coronary Care Unit	\$0	\$0	\$0	0,			
4	Psychiatric Unit	\$2,649,098	\$2,935,218	\$286,120	11'			
5	Pediatric Unit	\$0	\$0	\$0	0'			
6	Maternity Unit	\$0	\$0	\$0	0'			
7	Newborn Nursery Unit	\$0	\$0	\$0	0'			
8	Neonatal ICU	\$0	\$0	\$0	0'			
9	Rehabilitation Unit	\$2,158,616	\$390,590	(\$1,768,026)	-82			
10	Ambulatory Surgery	\$9,725,496	\$11,577,924	\$1,852,428	19'			
11	Home Care	\$0	\$0	\$0	0'			
12	Outpatient Clinics	\$3,240,969	\$3,430,408	\$189,439	6'			
13	Other Routine Services	\$1,900,426	\$1,932,807	\$32,381	2			
	Total Routine Services	\$70,959,073	\$74,341,047	\$3,381,974	5			
E	Other Departments:	#00 107 005	#00.000.0 <del>7.</del>	<b>#0.000.4</b>				
1	Miscellaneous Other Departments	\$36,137,889	\$39,006,359	\$2,868,470	8			
	Total Operating Expenses - All Departments*	\$443,456,000	\$470,194,000	\$26,738,000	6			
		ψ 1 10, <del>1</del> 00,000	¥ 1. 5, 15 <del>1</del> ,050	<b>\$25,700,000</b>				
	*A E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.							

	BRIDGEPORT HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016					
A.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$439,375,000	\$466,074,000	\$472,739,000					
2	Other Operating Revenue	24,165,000	32,055,000	37,985,000					
3	Total Operating Revenue	\$463,540,000	\$498,129,000	\$510,724,000					
4	Total Operating Expenses	426,496,000	443,456,000	470,194,000					
5	Income/(Loss) From Operations	\$37,044,000	\$54,673,000	\$40,530,000					
6	Total Non-Operating Revenue	5,852,000	944,000	6,144,000					
7	Excess/(Deficiency) of Revenue Over Expenses	\$42,896,000	\$55,617,000	\$46,674,000					
В.	Profitability Summary								
1	Hospital Operating Margin	7.89%	10.95%	7.84%					
2	Hospital Non Operating Margin	1.25%	0.19%	1.19%					
3	Hospital Total Margin	9.14%	11.14%	9.03%					
4	Income/(Loss) From Operations	\$37,044,000	\$54,673,000	\$40,530,000					
5	Total Operating Revenue	\$463,540,000	\$498,129,000	\$510,724,000					
6	Total Non-Operating Revenue	\$5,852,000	\$944,000	\$6,144,000					
7	Total Revenue	\$469,392,000	\$499,073,000	\$516,868,000					
8	Excess/(Deficiency) of Revenue Over Expenses	\$42,896,000	\$55,617,000	\$46,674,000					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$100,811,000	\$110,843,000	\$116,790,000					
2	Hospital Total Net Assets	\$155,833,000	\$168,564,000	\$182,225,000					
3	Hospital Change in Total Net Assets	(\$20,027,000)	\$12,731,000	\$13,661,000					
4	Hospital Change in Total Net Assets %	88.6%	8.2%	8.1%					

	BRIDGEPORT HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.25	0.25	0.27					
2	Total Operating Expenses	\$426,496,000	\$443,456,000	\$470,194,000					
3	Total Gross Revenue	\$1,693,079,737	\$1,759,987,340	\$1,767,446,590					
4	Total Other Operating Revenue	\$5,236,454	\$6,414,248	\$6,473,222					
5	Private Payment to Cost Ratio	1.47	1.62	1.57					
6	Total Non-Government Payments	\$198,001,904	\$227,480,796	\$213,598,644					
7	Total Uninsured Payments	\$13,867,244	\$26,862,875	\$10,517,647					
8	Total Non-Government Charges	\$544,853,123	\$548,094,394	\$537,268,544					
9	Total Uninsured Charges	\$45,956,006	\$53,378,851	\$49,719,252					
10	Medicare Payment to Cost Ratio	1.01	1.06	0.98					
11	Total Medicare Payments	\$159,487,014	\$180,950,464	\$178,604,470					
12	Total Medicare Charges	\$629,169,018	\$680,244,143	\$689,380,539					
13	Medicaid Payment to Cost Ratio	0.71	0.63	0.69					
14	Total Medicaid Payments	\$92,516,930	\$83,506,972	\$99,140,567					
15	Total Medicaid Charges	\$516,578,722	\$530,402,255	\$538,813,414					
16	Uncompensated Care Cost	\$17,291,595	\$12,584,936	\$14,146,676					
17	Charity Care	\$13,389,500	\$13,728,345	\$16,129,090					
18	Bad Debts	\$55,466,000	\$36,400,755	\$37,242,642					
19	Total Uncompensated Care	\$68,855,500	\$50,129,100	\$53,371,732					
20	Uncompensated Care % of Total Expenses	4.1%	2.8%	3.0%					

	BRIDGEPORT HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016					
21	Total Operating Expenses	\$426,496,000	\$443,456,000	\$470,194,000					
E.	<u>Liquidity Measures Summary</u>								
1	Current Ratio	2	2	2					
2	Total Current Assets	\$146,801,000	\$169,088,000	\$163,830,000					
3	Total Current Liabilities	\$90,997,000	\$96,897,000	\$96,651,000					
4	Days Cash on Hand	61	78	68					
5	Cash and Cash Equivalents	\$28,527,000	\$25,968,000	\$25,249,000					
6	Short Term Investments	37,860,000	61,779,000	56,146,000					
7	Total Cash and Short Term Investments	\$66,387,000	\$87,747,000	\$81,395,000					
8	Total Operating Expenses	\$426,496,000	\$443,456,000	\$470,194,000					
9	Depreciation Expense	\$30,957,000	\$31,148,000	\$32,444,000					
10	Operating Expenses less Depreciation Expense	\$395,539,000	\$412,308,000	\$437,750,000					
11	Days Revenue in Patient Accounts Receivable	41	43	41					
12	Net Patient Accounts Receivable	\$49,732,000	\$54,662,000	\$53,543,000					
13	Due From Third Party Payers	\$0	\$0	\$0					
14	Due To Third Party Payers	\$0	\$0	\$0					
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$49,732,000	\$54,662,000	\$53,543,000					
16	Total Net Patient Revenue	\$439,375,000	\$466,074,000	\$472,739,000					
17	Average Payment Period	84	86	81					
18	Total Current Liabilities	\$90,997,000	\$96,897,000	\$96,651,000					
19	Total Operating Expenses	\$426,496,000	\$443,456,000	\$470,194,000					
20	Depreciation Expense	\$30,957,000	\$31,148,000	\$32,444,000					

	BRIDGEPOR	T HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016					
21	Total Operating Expenses less Depreciation Expense	\$395,539,000	\$412,308,000	\$437,750,000					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	33.0	31.7	31.2					
2	Total Net Assets	\$155,833,000	\$168,564,000	\$182,225,000					
3	Total Assets	\$472,575,000	\$532,167,000	\$584,917,000					
4	Cash Flow to Total Debt Ratio	38.7	37.6	30.7					
5	Excess/(Deficiency) of Revenues Over Expenses	\$42,896,000	\$55,617,000	\$46,674,000					
6	Depreciation Expense	\$30,957,000	\$31,148,000	\$32,444,000					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$73,853,000	\$86,765,000	\$79,118,000					
8	Total Current Liabilities	\$90,997,000	\$96,897,000	\$96,651,000					
9	Total Long Term Debt	\$100,042,000	\$133,681,000	\$161,133,000					
10	Total Current Liabilities and Total Long Term Debt	\$191,039,000	\$230,578,000	\$257,784,000					
11	Long Term Debt to Capitalization Ratio	39.1	44.2	46.9					
12	Total Long Term Debt	\$100,042,000	\$133,681,000	\$161,133,000					
13	Total Net Assets	\$155,833,000	\$168,564,000	\$182,225,000					
14	Total Long Term Debt and Total Net Assets	\$255,875,000	\$302,245,000	\$343,358,000					
15	Debt Service Coverage Ratio	11.7	11.6	7.6					
16	Excess Revenues over Expenses	42,896,000	\$55,617,000	\$46,674,000					
17	Interest Expense	2,566,000	\$3,048,000	\$5,480,000					
18	Depreciation and Amortization Expense	30,957,000	\$31,148,000	\$32,444,000					
19	Principal Payments	3,948,000	\$4,696,000	\$5,712,000					
G.	Other Financial Ratios								

	BRIDGEPO	RT HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2014</u>	FY 2015	FY 2016					
20	Average Age of Plant	9.8	9.3	9.5					
21									
	Accumulated Depreciation	303,677,000	289,391,000	309,517,000					
22	Depreciation and Amortization Expense	30,957,000	31,148,000	32,444,000					
Н.	Utilization Measures Summary								
1	Patient Days	101,235	109,472	105,942					
2	Discharges	18,207	19,815	20,657					
3	ALOS	5.6	5.5	5.1					
4	Staffed Beds	281	302	294					
5	Available Beds	-	383	383					
6	Licensed Beds	368	383	383					
7	Occupancy of Staffed Beds	98.7%	99.3%	98.7%					
8	Occupancy of Available Beds	75.4%	78.3%	75.8%					
9	Full Time Equivalent Employees	2,151.0	2,137.9	2,159.5					
l.	Hospital Gross Revenue Payer Mix Percentage								
11	Non-Government Gross Revenue Payer Mix Percentage	29.5%	28.1%	27.6%					
2	Medicare Gross Revenue Payer Mix Percentage	37.2%	38.7%	39.0%					
3	Medicaid Gross Revenue Payer Mix Percentage	30.5%	30.1%	30.5%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%					
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	3.0%	2.8%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$498,897,117	\$494,715,543	\$487,549,292					
9	Medicare Gross Revenue (Charges)	\$629,169,018	\$680,244,143	\$689,380,539					
10	Medicaid Gross Revenue (Charges)	\$516,578,722	\$530,402,255	\$538,813,414					
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0					
12	Uninsured Gross Revenue (Charges)	\$45,956,006	\$53,378,851	\$49,719,252					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,478,874	\$1,246,548	\$1,984,093					
14	Total Gross Revenue (Charges)	\$1,693,079,737	\$1,759,987,340	\$1,767,446,590					
J.	Hospital Net Revenue Payer Mix Percentage								
1	Non-Government Net Revenue Payer Mix Percentage	40.9%	40.8%	41.3%					
2	Medicare Net Revenue Payer Mix Percentage	35.4%	36.8%	36.3%					
3	Medicaid Net Revenue Payer Mix Percentage	20.5%	17.0%	20.2%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%					
5	Uninsured Net Revenue Payer Mix Percentage	3.1%	5.5%	2.1%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.1%	0.1%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					

	BRIDGEPORT HOSPITAL								
	TWELVE MONTHS ACTUAL FILING  FISCAL YEAR 2016								
(1)	(2)  DESCRIPTION	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>		<u>FY 2014</u>	FY 2015	FY 2016					
8	Non-Government Net Revenue (Payments)	\$184,134,660	\$200,617,921	\$203,080,997					
9	Medicare Net Revenue (Payments)	\$159,487,014	\$180,950,464	\$178,604,470					
10	Medicaid Net Revenue (Payments)	\$92,516,930	\$83,506,972	\$99,140,567					
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0					
12	Uninsured Net Revenue (Payments)	\$13,867,244	\$26,862,875	\$10,517,647					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$731,387	\$272,912	\$285,835					
14	Total Net Revenue (Payments)	\$450,737,235	\$492,211,144	\$491,629,516					
K.	<u>Discharges</u>								
1	Non-Government (Including Self Pay / Uninsured)	5,161	5,639	5,694					
2	Medicare	6,958	7,920	8,160					
3	Medical Assistance	6,057	6,240	6,767					
4	Medicaid	6,057	6,240	6,767					
5	Other Medical Assistance	-	-	-					
6	CHAMPUS / TRICARE	31	16	36					
7	Uninsured (Included In Non-Government)	215	785	261					
8	Total	18,207	19,815	20,657					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.27940	1.28301	1.29208					
2	Medicare	1.59206	1.64680	1.67246					
3	Medical Assistance	1.07163	1.06882	1.12961					
4	Medicaid	1.07163	1.06882	1.12961					
5	Other Medical Assistance	0.00000	0.00000	0.00000					
6	CHAMPUS / TRICARE	1.13051	0.86005	0.92450					
7	Uninsured (Included In Non-Government)	1.18129	1.03671	1.28950					
8	Total Case Mix Index	1.32951	1.36062	1.38848					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	13,334	15,012	12,434					
2	Emergency Room - Treated and Discharged	73,906	76,274	75,570					
3	Total Emergency Room Visits	87,240	91,286	88,004					

#### **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
•		FY 2015	FY 2016	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$2,365,699	\$10,650,859	\$8,285,160	350%
2	Inpatient Payments	\$712,886	\$3,980,855	\$3,267,969	458%
3	Outpatient Charges	\$1,541,489	\$7,979,088	\$6,437,599	418%
4	Outpatient Payments	\$212,917	\$1,173,222	\$960,305	451%
5	Discharges	43	177	134	312%
6	Patient Days	353	1,461	1,108	314%
7	Outpatient Visits (Excludes ED Visits)	300	1,787	1,487	496%
8	Emergency Department Outpatient Visits	57	299	242	425%
9	Emergency Department Inpatient Admissions	41	147	106	259%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,907,188	\$18,629,947	\$14,722,759	377%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$925,803	\$5,154,077	\$4,228,274	457%
В.	CIGNA HEALTHCARE				
<u></u>	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$38,006,441	\$37,167,354	(\$839,087)	-2%
2	Inpatient Payments	\$12,007,762	\$10,094,834	(\$1,912,928)	-16%
3	Outpatient Charges	\$22,144,110	\$20,848,144	(\$1,295,966)	-6%
4	Outpatient Payments	\$3,351,672	\$3,428,442	\$76,770	2%
5	Discharges	653	632	(21)	-3%
6	Patient Days	4,592	4,260	(332)	-7%
7	Outpatient Visits (Excludes ED Visits)	5,339	5,402	63	1%
8	Emergency Department Outpatient Visits	543	494	(49)	-9%
9	Emergency Department Inpatient Admissions	563	503	(60)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$60,150,551	\$58,015,498	(\$2,135,053)	-4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,359,434	\$13,523,276	(\$1,836,158)	-12%

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### **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,	FY 2015	FY 2016	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	OTHER MEDICARE MANAGED CARE	•		(4	
1	Inpatient Charges	\$47,168,458	\$46,816,183	(\$352,275)	-1%
2	Inpatient Payments	\$14,837,086	\$12,646,682	(\$2,190,404)	-15%
3	Outpatient Charges	\$25,547,603	\$26,960,377	\$1,412,774	6%
4	Outpatient Payments	\$3,456,876	\$4,070,470	\$613,594	18%
5	Discharges	864	828	(36)	-4%
6	Patient Days	6,310	5,942	(368)	-6%
7	Outpatient Visits (Excludes ED Visits)	6,129	6,442	313	5%
8	Emergency Department Outpatient Visits	931	859	(72)	-8%
9	Emergency Department Inpatient Admissions	874	728	(146)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$72,716,061	\$73,776,560	\$1,060,499	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$18,293,962	\$16,717,152	(\$1,576,810)	-9%
	OVEODD HEALTH DLANG ING. MEDICADE ADVANTAGE				
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE		Φ.	Φ.	201
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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### **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
\-\'-	(-/	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	WELLCARE OF CONNECTICUT	•		•	
1	Inpatient Charges	\$19,838,815	\$20,054,658	\$215,843	1%
2	Inpatient Payments	\$6,094,036	\$5,522,821	(\$571,215)	-9%
3	Outpatient Charges	\$17,081,399	\$13,110,130	(\$3,971,269)	-23%
4	Outpatient Payments	\$2,371,095	\$1,939,978	(\$431,117)	-18%
5	Discharges	397	377	(20)	-5%
6	Patient Days	2,517	2,776	259	10%
7	Outpatient Visits (Excludes ED Visits)	3,934	3,153	(781)	-20%
8	Emergency Department Outpatient Visits	954	703	(251)	-26%
9	Emergency Department Inpatient Admissions	431	348	(83)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$36,920,214	\$33,164,788	(\$3,755,426)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,465,131	\$7,462,799	(\$1,002,332)	-12%
-	AETNA				
1. 1	Inpatient Charges	\$15,793,494	\$20,793,575	\$5,000,081	32%
2	Inpatient Charges Inpatient Payments	\$4,807,354	\$5,735,560	\$928,206	19%
3	Outpatient Charges	\$15,519,437	\$17,172,017	\$1,652,580	11%
4	Outpatient Charges Outpatient Payments	\$3,000,420	\$2,797,090	(\$203,330)	-7%
5	Discharges	\$3,000,420	338	(\$203,330) 61	22%
6	Patient Days	1,846	2,353	507	27%
7	Outpatient Visits (Excludes ED Visits)	3,197	3,507	310	10%
8	Emergency Department Outpatient Visits	3,197	3,307	73	23%
9	Emergency Department Outpatient Visits  Emergency Department Inpatient Admissions	291	275	(16)	-5%
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,312,931	\$37,965,592	\$6,652,661	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,807,774	\$8,532,650	\$724,876	9%
	TOTAL INI ATILITI & COTTATILITI FATMLINIS	Ψ1,001,114	Ψ0,332,030	Ψ1 24,010	J /0
	I .				

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### **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
	<del>-</del>	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS		<u> </u>		
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	LINIOADE LIEE A LIEAT THE PROPERTY OF				
L.	UNICARE LIFE & HEALTH INSURANCE		<b>*</b>	*-	661
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

### **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	HANVEDOAL AMEDIOAN				T
M.	UNIVERSAL AMERICAN	<b>C</b> O	<b>Ф</b> О	<b>CO</b>	00/
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%
4	Outpatient Charges Outpatient Payments	\$0	\$0 \$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$123,172,907	\$135,482,629	\$12,309,722	10%
	TOTAL INPATIENT PAYMENTS	\$38,459,124	\$37,980,752	(\$478,372)	
	TOTAL OUTPATIENT CHARGES	\$81,834,038	\$86,069,756	\$4,235,718	5%
	TOTAL OUTPATIENT PAYMENTS	\$12,392,980	\$13,409,202	\$1,016,222	8%
	TOTAL DISCHARGES	2,234	2,352	118	5%
	TOTAL PATIENT DAYS	15,618	16,792	1,174	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	18,899	20,291	1,392	7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	2,802	2,745	(57)	-2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT	0.000	0.004	(460)	
	ADMISSIONS	2,200	2,001	(199)	
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$205,006,945	\$221,552,385	\$16,545,440	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$50,852,104	\$51,389,954	\$537,850	1%

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#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	(-)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE		,		1
l <u>.</u>	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
Α.	CONNECTICUT	40	Φ0	Φ.	20/
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Odipatient Visits  Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TO THE STATE OF TH	40	Ψ0	Ψ	370
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
	· ·	FY 2015	FY 2016	AMÒÚNT	` '
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

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#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

TOT   TOT   TOT   Inpa   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   TOT   TOT   1   1   1   1   1   1   1   1   1	ergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS  ITED HEALTHCARE Intent Charges Intent Payments Intent Visits (Excludes ED Visits) Interpretation of Payments Intent Visits (Excludes ED Visits) Interpretation of Payments Intent Payment Inpatient Admissions Intent Inpatient In	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	% DIFFERENCE  0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
TOT   TOT   TOT   Inpa   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   TOT   TOT   1   1   1   1   1   1   1   1   1	TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS  ITED HEALTHCARE Intent Charges Intent Payments Intent Payments Intent Charges Intent Payments Intent Charges Intent Payments Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Ch	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
TOT   TOT   TOT   Inpa   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   TOT   TOT   1   1   1   1   1   1   1   1   1	TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS  ITED HEALTHCARE Intent Charges Intent Payments Intent Payments Intent Charges Intent Payments Intent Charges Intent Payments Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Ch	\$0 \$0 \$0 \$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
TOT   TOT   TOT   Inpa   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   2   Inpa   3   Outp   4   Outp   5   Disc   6   Patie   7   Outp   8   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   9   Eme   TOT   TOT   1   1   1   1   1   1   1   1   1	TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS  ITED HEALTHCARE Intent Charges Intent Payments Intent Payments Intent Charges Intent Payments Intent Charges Intent Payments Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Visits (Excludes ED Visits) Intent Charges Intent Ch	\$0 \$0 \$0 \$0 \$0 0 0 0	\$0 \$0 \$0 \$0 \$0 0 0	\$0 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%
G. UNI  1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT  H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme Tot Tot 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	ITED HEALTHCARE  Itient Charges Itient Payments Itient Payment	\$0 \$0 \$0 \$0 0 0 0	\$0 \$0 \$0 \$0 0 0 0	\$0 \$0 \$0 \$0 0 0	0% 0% 0% 0% 0% 0%
1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT H. AET 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT H. AET 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	atient Charges Atient Payments Datient Charges Datient Payments Datient Payments Datient Payments Datient Payments Datient Payments Datient Visits (Excludes ED Visits) Dergency Department Outpatient Visits Dergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 0 0	0% 0% 0% 0% 0%
1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT  H. AET 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT	atient Payments Datient Charges Datient Payments Datient Payments Datient Payments Datient Payments Datient Visits (Excludes ED Visits) Datient Visits (Excludes ED Visits) Dergency Department Outpatient Visits Dergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 0 0 0 0 0	\$0 \$0 \$0 0 0	0% 0% 0% 0% 0%
2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT  H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	atient Payments Datient Charges Datient Payments Datient Payments Datient Payments Datient Payments Datient Visits (Excludes ED Visits) Datient Visits (Excludes ED Visits) Dergency Department Outpatient Visits Dergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0 0 0 0 0 0 0	\$0 \$0 0 0 0 0 0 0	\$0 \$0 0 0 0	0% 0% 0% 0% 0%
4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme	patient Payments charges ent Days patient Visits (Excludes ED Visits) ergency Department Outpatient Visits ergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	\$0 0 0 0 0 0 0 \$0	\$0 0 0 0 0 0	\$0 0 0 0 0	0% 0% 0% 0%
5 Disc 6 Patie 7 Outp 8 Eme 9 Eme TOT TOT H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	charges ent Days patient Visits (Excludes ED Visits) ergency Department Outpatient Visits ergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0	0% 0% 0%
6 Patie 7 Outp 8 Eme 9 Eme TOT TOT H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	ent Days Datient Visits (Excludes ED Visits) Dergency Department Outpatient Visits Dergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	0 0 0 0 \$0	0 0 0 0 \$0	0 0 0	0% 0%
7 Outp 8 Eme 9 Eme TOT TOT H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	patient Visits (Excludes ED Visits) ergency Department Outpatient Visits ergency Department Inpatient Admissions TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	0 0 0 \$0	0 0 0 \$0	0 0	0%
8 Eme 9 Eme TOT TOT H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	ergency Department Outpatient Visits ergency Department Inpatient Admissions FAL INPATIENT & OUTPATIENT CHARGES FAL INPATIENT & OUTPATIENT PAYMENTS	0 0 <b>\$0</b>	0 0 <b>\$0</b>	0	
9 Eme TOT TOT H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	ergency Department Inpatient Admissions FAL INPATIENT & OUTPATIENT CHARGES FAL INPATIENT & OUTPATIENT PAYMENTS	0 <b>\$0</b>	0 <b>\$0</b>	0	0%
H. AET 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	TAL INPATIENT & OUTPATIENT CHARGES TAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	<u>*</u>	
H. AE1 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	TAL INPATIENT & OUTPATIENT PAYMENTS				0%
H. AET 1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme		\$0	\$0	\$0	0%
1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	TNA		Ψ0	\$0	0%
1 Inpa 2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme					
2 Inpa 3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	atient Charges	\$0	\$0	\$0	0%
3 Outp 4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	atient Payments	\$0	\$0	\$0	0%
4 Outp 5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	patient Charges	\$0	\$0	\$0	0%
5 Disc 6 Patie 7 Outp 8 Eme 9 Eme	patient Payments	\$0	\$0	\$0	0%
6 Patie 7 Outp 8 Eme 9 Eme	charges	0	0	0	0%
7 Outp 8 Eme 9 Eme TOT	ent Days	0	0	0	0%
9 Eme	patient Visits (Excludes ED Visits)	0	0	0	0%
9 Eme	ergency Department Outpatient Visits	0	0	0	0%
TOT	ergency Department Inpatient Admissions	0	0	0	0%
	TAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOT	AL MEDICAID MANAGED CARE				
	TOTAL INDATIFNIT CHARGES	¢0	<b>#</b> 0	<b>*</b> 0	00/
	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0 \$0	0%
	TOTAL OUTPATIENT CHARGES	\$0 \$0	\$0 \$0	\$0 \$0	0%
		\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL DISCHARGES	20	20	<u>\$0</u>	0%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL PATIENT DATS  TOTAL OUTPATIENT VISITS (EXCLUDES ED	U	U	U	U%
VISI	· · · · · · · · · · · · · · · · · · ·	_	_	^	00/
VISI	TOTAL EMERGENCY DEPARTMENT	0	0	0	0%
OL IT		_	_	^	00/
001		0	0	0	0%
IND	FPATIENT VISITS	0	0	0	0%
	TPATIENT VISITS TOTAL EMERGENCY DEPARTMENT		\$0	<u> </u>	0%
TOT	FPATIENT VISITS	\$0		\$0 \$0	0%

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**Total Assets** 

#### YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (3) (4) (6) (5) FY 2015 FY 2016 AMOUNT **ACTUAL** LINE **DESCRIPTION ACTUAL** DIFFERENCE **DIFFERENCE ASSETS** A. **Current Assets:** Cash and Cash Equivalents \$194,946,000 \$169,479,000 (\$25,467,000)-13% Short Term Investments \$1,160,670,000 \$1,371,905,000 \$211,235,000 18% Accounts Receivable (Less: Allowance for \$405.694.000 -9% Doubtful Accounts) \$370.868.000 (\$34.826.000) Current Assets Whose Use is Limited for Current Liabilities \$0 \$0 0% \$0 5 Due From Affiliates \$0 \$0 \$0 0% \$0 6 Due From Third Party Payers \$0 \$0 0% 7 \$1,248,000 3% Inventories of Supplies \$45,816,000 \$47,064,000 8 **Prepaid Expenses** \$25,580,000 \$34,938,000 \$9,358,000 37% Other Current Assets -9% \$57,779,000 \$52,599,000 (\$5,180,000)8% **Total Current Assets** \$1,890,485,000 \$2,046,853,000 \$156,368,000 **Noncurrent Assets Whose Use is Limited:** В. Held by Trustee \$30.531.000 \$18.342.000 (\$12.189.000) -40% Board Designated for Capital Acquisition \$96,951,000 \$83,216,000 -14% (\$13,735,000)Funds Held in Escrow 3 \$0 \$0 \$0 0% Other Noncurrent Assets Whose Use is Limited \$78,837,000 \$85,175,000 \$6,338,000 8% **Total Noncurrent Assets Whose Use is** Limited: \$206.319.000 \$186,733,000 (\$19,586,000) -9% Interest in Net Assets of Foundation \$0 \$0 \$0 0% Long Term Investments \$420.800.000 \$538.193.000 \$117.393.000 28% Other Noncurrent Assets 65% \$421,351,000 \$695,367,000 \$274,016,000 C. **Net Fixed Assets:** Property, Plant and Equipment \$2,940,033,000 10% 1 \$3,227,815,000 \$287,782,000 Less: Accumulated Depreciation \$1,551,286,000 \$1,720,124,000 \$168,838,000 \$0 Property, Plant and Equipment, Net \$1,388,747,000 \$1,507,691,000 \$118,944,000 9% Construction in Progress \$157,101,000 \$112,959,000 (\$44,142,000)-28% **Total Net Fixed Assets** \$1,545,848,000 \$1,620,650,000 \$74,802,000 5%

\$5,087,796,000

\$602,993,000

13%

\$4,484,803,000

**Total Liabilities and Net Assets** 

#### YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (3) (4) (6) (5) FY 2015 FY 2016 AMOUNT **ACTUAL DIFFERENCE** LINE **DESCRIPTION ACTUAL** DIFFERENCE **LIABILITIES AND NET ASSETS Current Liabilities:** A. 1 Accounts Payable and Accrued Expenses \$377,319,000 \$391,690,000 \$14,371,000 4% 46% 2 Salaries, Wages and Payroll Taxes \$122,564,000 \$178,547,000 \$55.983.000 3 Due To Third Party Payers \$0 \$0 \$0 0% 4 Due To Affiliates \$0 \$0 \$0 0% \$12,366,000 24% 5 Current Portion of Long Term Debt \$51,101,000 \$63,467,000 Current Portion of Notes Payable \$0 0% 7 Other Current Liabilities \$92,866,000 \$85,004,000 (\$7.862.000)-8% 12% **Total Current Liabilities** \$643,850,000 \$718,708,000 \$74,858,000 В. Long Term Debt: Bonds Payable (Net of Current Portion) -4% \$906,150,000 \$867,555,000 (\$38,595,000)Notes Payable (Net of Current Portion) 32% \$107,159,000 \$141,110,000 \$33,951,000 **Total Long Term Debt** \$1,013,309,000 \$1,008,665,000 (\$4,644,000)0% \$401,409,000 18% 3 Accrued Pension Liability \$339,901,000 \$61,508,000 Other Long Term Liabilities \$495,824,000 \$537,958,000 \$42,134,000 8% **Total Long Term Liabilities** \$1,849,034,000 \$1,948,032,000 \$98,998,000 5% Interest in Net Assets of Affiliates or Joint 5 Ventures \$0 \$0 \$0 0% C. Net Assets: Unrestricted Net Assets or Equity \$1.750.995.000 \$2.147.552.000 \$396.557.000 23% Temporarily Restricted Net Assets 11% \$147,568,000 \$163,535,000 \$15,967,000 Permanently Restricted Net Assets \$93,356,000 \$109,969,000 \$16,613,000 18% **Total Net Assets** \$1,991,919,000 \$2,421,056,000 \$429,137,000 22%

\$4,484,803,000

\$5,087,796,000

\$602,993,000

13%

#### YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016** REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION (1) (2) (6)**AMOUNT** FY 2015 FY 2016 LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** A. Operating Revenue: 1 Total Gross Patient Revenue \$12,297,458,000 \$12,486,307,000 \$188,849,000 2% Less: Allowances \$8,479,889,000 \$8,535,501,000 \$55,612,000 1% 7% Less: Charity Care \$184,456,000 \$12,717,000 3 \$197,173,000 Less: Other Deductions 19% 4 \$58,900,000 \$70,278,000 \$11,378,000 **Total Net Patient Revenue** \$3,574,213,000 \$3,683,355,000 \$109,142,000 3% 5 Provision for Bad Debts \$81,528,000 \$104,084,000 \$22,556,000 28% Net Patient Service Revenue less provision for bad debts \$3,492,685,000 \$3,579,271,000 \$86,586,000 2% 74% 6 Other Operating Revenue \$104,061,000 \$181,390,000 \$77,329,000 374% Net Assets Released from Restrictions \$5,534,000 \$26,243,000 \$20,709,000 **Total Operating Revenue** \$3.602.280.000 \$3,786,904,000 \$184.624.000 5% В. Operating Expenses: 1 Salaries and Wages \$1,390,520,000 \$1,436,675,000 \$46,155,000 3% \$467,952,000 \$467,576,000 (\$376,000)0% 2 Fringe Benefits 3 Physicians Fees \$127.505.000 \$141.028.000 \$13.523.000 11% Supplies and Drugs \$572,515,000 \$626,422,203 \$53,907,203 9% Depreciation and Amortization \$185,944,000 \$191,544,000 \$5,600,000 3% 5 **Bad Debts** 0% 6 \$0 \$28.912.000 20% 7 Interest Expense \$24.188.000 \$4.724.000 8 Malpractice Insurance Cost \$64,096,000 \$81,093,078 \$16,997,078 27% \$609,904,000 11% Other Operating Expenses \$674,315,719 \$64,411,719 **Total Operating Expenses** \$3,442,624,000 \$3,647,566,000 \$204,942,000 6% -13% Income/(Loss) From Operations \$159,656,000 \$139,338,000 (\$20,318,000) C. **Non-Operating Revenue:** 1 Income from Investments \$5,099,000 \$14,692,000 \$9,593,000 188% Gifts, Contributions and Donations \$0 0% 2 \$0 \$0 Other Non-Operating Gains/(Losses) -692% (\$35,200,000)\$208,476,000 \$243,676,000 **Total Non-Operating Revenue** (\$30,101,000) \$223.168.000 \$253,269,000 -841% Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments) 180% \$129,555,000 \$362,506,000 \$232,951,000 Other Adjustments: Unrealized Gains/(Losses) \$14,536,000 \$97,402,000 \$82,866,000 570% All Other Adjustments 0% **Total Other Adjustments** \$14,536,000 \$97,402,000 \$82,866,000 570% Excess/(Deficiency) of Revenue Over Expenses \$144,091,000 \$459,908,000 \$315,817,000 219%

#### YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)

#### **TWELVE MONTHS ACTUAL FILING**

#### **FISCAL YEAR 2016**

#### **REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$3,287,692,000	\$3,492,685,000	\$3,579,271,000
2	Other Operating Revenue	106,994,000	109,595,000	207,633,000
3	Total Operating Revenue	\$3,394,686,000	\$3,602,280,000	\$3,786,904,000
4	Total Operating Expenses	3,224,574,000	3,442,624,000	3,647,566,000
5	Income/(Loss) From Operations	\$170,112,000	\$159,656,000	\$139,338,000
6	Total Non-Operating Revenue	34,189,000	(15,565,000)	320,570,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$204,301,000	\$144,091,000	\$459,908,000
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	4.96%	4.45%	3.39%
2	Parent Corporation Non-Operating Margin	1.00%	-0.43%	7.80%
3	Parent Corporation Total Margin	5.96%	4.02%	11.20%
4	Income/(Loss) From Operations	\$170,112,000	\$159,656,000	\$139,338,000
5	Total Operating Revenue	\$3,394,686,000	\$3,602,280,000	\$3,786,904,000
6	Total Non-Operating Revenue	\$34,189,000	(\$15,565,000)	\$320,570,000
7	Total Revenue	\$3,428,875,000	\$3,586,715,000	\$4,107,474,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$204,301,000	\$144,091,000	\$459,908,000
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$1,644,056,000	\$1,750,995,000	\$2,147,552,000
2	Parent Corporation Total Net Assets	\$1,866,624,000	\$1,991,919,000	\$2,421,056,000
3	Parent Corporation Change in Total Net Assets	\$1,693,513,000	\$125,295,000	\$429,137,000
4	Parent Corporation Change in Total Net Assets %	1078.3%	6.7%	21.5%

### YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC)

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2016**

#### **REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)		(4)	(5)
		ACTUAL		ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014		FY 2015	FY 2016
D.	Liquidity Measures Summary				
1	Current Ratio	2.97	,	2.94	2.85
2	Total Current Assets	\$1,683,007,000	)	\$1,890,485,000	\$2,046,853,000
3	Total Current Liabilities	\$567,557,000	)	\$643,850,000	\$718,708,000
4	Days Cash on Hand	145	;	152	163
5	Cash and Cash Equivalents	\$161,059,000	)	\$194,946,000	\$169,479,000
6	Short Term Investments	\$1,040,882,000	)	\$1,160,670,000	\$1,371,905,000
7	Total Cash and Short Term Investments	\$1,201,941,000	)	\$1,355,616,000	\$1,541,384,000
8	Total Operating Expenses	\$3,224,574,000	)	\$3,442,624,000	\$3,647,566,000
9	Depreciation Expense	\$192,072,000	)	\$185,944,000	\$191,544,000
10	Operating Expenses less Depreciation Expense	\$3,032,502,000	)	\$3,256,680,000	\$3,456,022,000
11	Days Revenue in Patient Accounts Receivable	4	1	42	38
12	Net Patient Accounts Receivable	\$ 368,342,000	\$	405,694,000	\$ 370,868,000
13	Due From Third Party Payers	\$0	)	\$0	\$0
14	Due To Third Party Payers	\$0	)	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 368,342,000	\$	405,694,000	\$ 370,868,000
16	Total Net Patient Revenue	\$3,287,692,000	)	\$3,492,685,000	\$3,579,271,000
17	Average Payment Period	6	8	72	76
18	Total Current Liabilities	\$567,557,000	)	\$643,850,000	\$718,708,000
19	Total Operating Expenses	\$3,224,574,000	)	\$3,442,624,000	\$3,647,566,000
20	Depreciation Expense	\$192,072,00	0	\$185,944,000	\$191,544,000
20	Total Operating Expenses less Depreciation Expense	\$3,032,502,000	,	\$3,256,680,000	\$3,456,022,000

Total Long Term Debt

12 Total Long Term Debt

Total Net Assets

11

10 Total Current Liabilities and Total Long Term Debt

**Long Term Debt to Capitalization Ratio** 

Total Long Term Debt and Total Net Assets

#### OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) YALE NEW HAVEN HEALTH SERVICES CORPORATION, INC. (YNHHSC) **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2014 FY 2015 FY 2016 **Solvency Measures Summary** 44.1 47.6 **Equity Financing Ratio** 44.4 1 Total Net Assets \$1,866,624,000 \$1,991,919,000 \$2,421,056,000 \$5,087,796,000 Total Assets \$4,233,177,000 \$4,484,803,000 **Cash Flow to Total Debt Ratio** 25.5 19.9 37.7 Excess/(Deficiency) of Revenues Over Expenses \$204,301,000 \$144,091,000 \$459,908,000 \$191,544,000 6 Depreciation Expense \$192,072,000 \$185,944,000 Excess of Revenues Over Expenses and Depreciation Expense \$396,373,000 \$330,035,000 \$651,452,000 **Total Current Liabilities** \$567,557,000 \$643,850,000 \$718,708,000

\$988,109,000

\$988,109,000

\$1,866,624,000

\$2,854,733,000

34.6

\$1,555,666,000

\$1,013,309,000

\$1,657,159,000

\$1,013,309,000

\$1,991,919,000

\$3,005,228,000

33.7

\$1,008,665,000

\$1,727,373,000

\$1,008,665,000

\$2,421,056,000

\$3,429,721,000

29.4

FISCAL YEAR 2016   REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT	
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT   (1) (2) (3) (3a) (3a) (3b) (4) (5) (6)   OCCUPANCY (1) (5) (6)	
PATIENT   DISCHARGES OR   ADMISSIONS   STAFFED   AVAILABLE   OF STAFFED   OF STAF	
PATIENT   DISCHARGES OR   ADMISSIONS   STAFFED   AVAILABLE   OF STAFFED   OF STAF	
PATIENT DISCHARGES OR DAYS	(7) OCCUPANCY
LINE         DESCRIPTION         DAYS         CU/CCU # PATIENT         BEDS (A)         BEDS (A)           1         Adult Medical/Surgical         73,697         14,670         15,847         202         254         100.0%           2         ICU/CCU (Excludes Neonatal ICU)         7,000         353         0         20         32         95.9%           3         Psychiatric: Ages 0 to 17         0         0         0         0         0         0         0.0%           4         Psychiatric: Ages 18+         10,784         1,032         259         30         39         98.5%           TOTAL PSYCHIATRIC         10,784         1,032         259         30         39         98.5%           5         Rehabilitation         851         58         42         3         3         77.7%           6         Maternity         8,411         2,878         2,481         24         39         96.0%           7         Newborn         5,199         2,019         2,040         15         16         95.0%           8         Neonatal ICU         0         0         0         0         0         0         0           9         Pe	OF AVAILABLE
1 Adult Medical/Surgical 73,697 14,670 15,847 202 254 100.0% 2 ICU/CCU (Excludes Neonatal ICU) 7,000 353 0 20 32 95.9% 3 Psychiatric: Ages 0 to 17 0 0 0 0 0 0 0 0 0 0.0% 4 Psychiatric: Ages 18+ 10,784 1,032 259 30 39 98.5% 5 TOTAL PSYCHIATRIC 10,784 1,032 259 30 39 98.5% 5 Rehabilitation 851 58 42 3 3 77.7% 6 Maternity 8,411 2,878 2,481 24 39 96.0% 7 Newborn 5,199 2,019 2,040 15 16 95.0% 8 Neonatal ICU 0 0 0 0 0 0 0 0 0.0% 9 Pediatric 0 0 0 0 0 0 0 0 0 0.0% 10 Other 0 0 0 0 0 0 0 0 0.0%	BEDS
2 ICU/CCU (Excludes Neonatal ICU) 7,000 353 0 20 32 95.9%  3 Psychiatric: Ages 0 to 17 0 0 0 0 0 0 0 0 0.0%  4 Psychiatric: Ages 18+ 10,784 1,032 259 30 39 98.5%  TOTAL PSYCHIATRIC 10,784 1,032 259 30 39 98.5%  5 Rehabilitation 851 58 42 3 3 77.7%  6 Maternity 8,411 2,878 2,481 24 39 96.0%  7 Newborn 5,199 2,019 2,040 15 16 95.0%  8 Neonatal ICU 0 0 0 0 0 0 0 0 0.0%  9 Pediatric 0 0 0 0 0 0 0 0 0 0.0%  10 Other 0 0 0 0 0 0 0 0 0.0%	
3   Psychiatric: Ages 0 to 17	79.5%
4         Psychiatric: Ages 18+         10,784         1,032         259         30         39         98.5%           TOTAL PSYCHIATRIC         10,784         1,032         259         30         39         98.5%           5         Rehabilitation         851         58         42         3         3         77.7%           6         Maternity         8,411         2,878         2,481         24         39         96.0%           7         Newborn         5,199         2,019         2,040         15         16         95.0%           8         Neonatal ICU         0         0         0         0         0         0         0.0%           9         Pediatric         0         0         0         0         0         0         0.0%           10         Other         0         0         0         0         0         0         0.0%	59.9%
4         Psychiatric: Ages 18+         10,784         1,032         259         30         39         98.5%           TOTAL PSYCHIATRIC         10,784         1,032         259         30         39         98.5%           5         Rehabilitation         851         58         42         3         3         77.7%           6         Maternity         8,411         2,878         2,481         24         39         96.0%           7         Newborn         5,199         2,019         2,040         15         16         95.0%           8         Neonatal ICU         0         0         0         0         0         0         0.0%           9         Pediatric         0         0         0         0         0         0         0.0%           10         Other         0         0         0         0         0         0         0.0%	
TOTAL PSYCHIATRIC         10,784         1,032         259         30         39         98.5%           5 Rehabilitation         851         58         42         3         3         77.7%           6 Maternity         8,411         2,878         2,481         24         39         96.0%           7 Newborn         5,199         2,019         2,040         15         16         95.0%           8 Neonatal ICU         0         0         0         0         0         0         0.0%           9 Pediatric         0         0         0         0         0         0         0.0%           10 Other         0         0         0         0         0         0.0%	0.0%
5 Rehabilitation         851         58         42         3         3         77.7%           6 Maternity         8,411         2,878         2,481         24         39         96.0%           7 Newborn         5,199         2,019         2,040         15         16         95.0%           8 Neonatal ICU         0         0         0         0         0         0         0.0%           9 Pediatric         0         0         0         0         0         0         0.0%           10 Other         0         0         0         0         0         0         0.0%	75.8%
6 Maternity 8,411 2,878 2,481 24 39 96.0%  7 Newborn 5,199 2,019 2,040 15 16 95.0%  8 Neonatal ICU 0 0 0 0 0 0 0 0.0%  9 Pediatric 0 0 0 0 0 0 0 0.0%  10 Other 0 0 0 0 0 0 0 0.0%	75.8%
7         Newborn         5,199         2,019         2,040         15         16         95.0%           8         Neonatal ICU         0         0         0         0         0         0         0.0%           9         Pediatric         0         0         0         0         0         0.0%           10         Other         0         0         0         0         0         0.0%	77.7%
8 Neonatal ICU 0 0 0 0 0 0 0 0.0% 9 Pediatric 0 0 0 0 0 0 0 0.0% 10 Other 0 0 0 0 0 0 0 0.0%	59.1%
9 Pediatric 0 0 0 0 0 0 0.0%  10 Other 0 0 0 0 0 0 0.0%	89.0%
10 Other 0 0 0 0 0 0.0%	0.0%
	0.0%
	0.0%
TOTAL EXCLUDING NEWBORN 100,743 18,638 18,629 279 367 98.9%	0.0%
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75.2%
TOTAL INPATIENT BED UTILIZATION 105,942 20,657 20,669 294 383 98.7%	75.8%
TOTAL INPATIENT REPORTED YEAR 105,942 20,657 20,669 294 383 98.7%	75.8%
TOTAL INPATIENT PRIOR YEAR 109,472 19,815 19,135 302 383 99.3%	78.3%
DIFFERENCE #: REPORTED VS. PRIOR YEAR         -3,530         842         1,534         -8         0         -0.6%	-2.5%
DIFFERENCE %: REPORTED VS. PRIOR YEAR -3% 4% 8% -3% 0% -1%	-3%
Total Licensed Beds and Bassinets 383	
(A) This number may not exceed the number of available beds for each department or in total.	
Note: Total discharges do not include ICU/CCU patients.	
Total alcohalges de llet lifelade 100/000 patiente.	

		IDGEPORT HOSPITAI MONTHS ACTUAL F			
	REPORT 450 - HOSPITAL INPATIENT AN	FISCAL YEAR 2016	ED SEDVICES LITILI	ZATION AND ETC.	
	REPORT 430 - HOSPITAL INFATIENT AN	D OUTPATIENT OTH	EK SEKVICES UTILI	ZATION AND FIES	
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	DIFFERENCE
LIIVE	DECORITION	112013	112010	DITTERENCE	DITTERENCE
Α.	CT Scans (A)				
1	Inpatient Scans	11,258	12,506	1,248	11%
2	Outpatient Scans (Excluding Emergency Department Scans)	7.045	7.046	674	00/
3	Emergency Department Scans	7,245 8,601	7,916 7,869	671 -732	9% -9%
4	Other Non-Hospital Providers' Scans (A)	0,001	0	0	0%
	Total CT Scans	27,104	28,291	1,187	4%
		·	·	,	
В.	MRI Scans (A)				
1	Inpatient Scans	1,759	1,804	45	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,806	4,125	319	8%
3	Emergency Department Scans	237	4,125	-85	-36%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	5,802	6,081	279	5%
C.	PET Scans (A)				201
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	0	0	0	0%
2	Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D.	PET/CT Scans (A)				
1	Inpatient Scans	3	5	2	67%
2	Outpatient Scans (Excluding Emergency Department Scans)	406	616	240	F20/
3	Emergency Department Scans	406	616	210 1	52% 0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	409	622	213	52%
	(A) If the Hospital is not the primary provider of thes	e scans, the Hospital	must obtain the fis	cal vear	
	volume of each of these types of scans from the				
E.	Linear Accelerator Procedures				
1	Inpatient Procedures	244	298	54	22%
2	Outpatient Procedures	11,349	10,929	-420	-4%
	Total Linear Accelerator Procedures	11,593	11,227	-366	-3%
<b>F</b> .	Cardiac Catheterization Procedures Inpatient Procedures	442	497	55	12%
2	Outpatient Procedures	497	596	99	20%
	Total Cardiac Catheterization Procedures	939	1,093	154	16%
_	Cardina Angianlacty Presedures				
<b>G.</b>	Cardiac Angioplasty Procedures Primary Procedures	92	83	-9	-10%
2	Elective Procedures	67	54	-13	-19%
			137	-22	-14%
	Total Cardiac Angioplasty Procedures	159	137	-22	
		159	137	-22	
H. 1	Total Cardiac Angioplasty Procedures  Electrophysiology Studies Inpatient Studies	159	118	-6	-5%
Н.	Electrophysiology Studies Inpatient Studies Outpatient Studies				-5% 17%
<b>H.</b>	Electrophysiology Studies Inpatient Studies	124	118	-6	17%
<b>H.</b> 1 2	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies	124 359	118 421	-6 62	17%
<b>H.</b>	Electrophysiology Studies Inpatient Studies Outpatient Studies	124 359	118 421	-6 62	17%
H. 1 2	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies  Surgical Procedures Inpatient Surgical Procedures Outpatient Surgical Procedures	124 359 483 3,852 8,900	118 421 539 3,614 9,096	-6 62 <b>56</b>	17% 12% -6% 2%
H. 1 2 I. 1	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies  Surgical Procedures Inpatient Surgical Procedures	124 359 <b>483</b> 3,852	118 421 539 3,614	-6 62 <b>56</b>	17% 12% -6%
H. 1 2 I. 1	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies  Surgical Procedures Inpatient Surgical Procedures Outpatient Surgical Procedures	124 359 483 3,852 8,900	118 421 539 3,614 9,096	-6 62 <b>56</b> -238 196	17% 12% -6% 2%

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		DGEPORT HOSPITAL			
		MONTHS ACTUAL FIL	ING		
		FISCAL YEAR 2016			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHE	R SERVICES UTILIZ	ZATION AND FTES	
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
2	Outpatient Endoscopy Procedures	4,145	4,253	108	3%
	Total Endoscopy Procedures	4,507	4,619	112	2%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	15,012	12,434	-2,578	-17%
2	Emergency Room Visits: Treated and Discharged	76,274	75,570	-704	-1%
	Total Emergency Room Visits	91,286	88,004	-3,282	-4%
	Heavital Clinia Visita				
L.	Hospital Clinic Visits  Substance Above Treatment Clinic Visits	0	0	0	00/
1	Substance Abuse Treatment Clinic Visits Dental Clinic Visits	0	0	0	0% 0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	2	0	-2	-100%
6	Medical Clinic Visits - Fediatric Clinic  Medical Clinic Visits - Urgent Care Clinic	0	0	-2	0%
7	Medical Clinic Visits - Orgent Care Clinic  Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	19,056	14,521	-4,535	-24%
9	Specialty Clinic Visits	0	0	0	0%
	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	8,406	7,817	-589	-7%
13	Specialty Clinic Visits - Other Speciality Clinics	2,905	2,799	-106	-4%
	Total Hospital Clinic Visits	30,369	25,137	-5,232	-17%
		·	·	,	
М.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	80,298	78,899	-1,399	-2%
2	Cardiac Rehabilitation	4,202	4,146	-56	-1%
3	Chemotherapy	1,478	1,170	-308	-21%
4	Gastroenterology	7,062	7,265	203	3%
5	Other Outpatient Visits	88,394	102,139	13,745	16%
	Total Other Hospital Outpatient Visits	181,434	193,619	12,185	7%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	666.6	677.8	11.2	2%
2	Total Physician FTEs	122.4	125.8	3.4	3%
3	Total Non-Nursing and Non-Physician FTEs	1,348.9	1,355.9	7.0	1%
	Total Hospital Full Time Equivalent Employees	2,137.9	2,159.5	21.6	1%

	BRIDGEPORT HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2016							
RE	REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION							
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
Α.	Outpatient Surgical Procedures							
1	Bridgeport Hospital	8,900	9,096	196	2%			
	Total Outpatient Surgical Procedures(A)	8,900	9,096	196	2%			
В.	Outpatient Endoscopy Procedures							
1	Bridgeport Hospital	4,145	4,253	108	3%			
	Total Outpatient Endoscopy Procedures(B)	4,145	4,253	108	3%			
C.	Outpatient Hospital Emergency Room Visits							
1	Bridgeport Hospital	76,274	75,570	-704	-1%			
	Total Outpatient Hospital Emergency Room Visits(C)	76,274	75,570	-704	-1%			
	(A) Must agree with Total Outpatient Surgical Procedures on Report 450.							
	, , , , , , , , , , , , , , , , , , ,		-					
	(B) Must agree with Total Outpatient Endoscopy Proced	dures on Report	450.					
	(C) Must agree with Emergency Room Visits Treated an	d Discharged or	n Report 450.					

### FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
A.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$438,394,231	\$436,901,713	(\$1,492,518)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$141,330,892	\$134,836,551	(\$6,494,341)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.24%	30.86%	-1.38%	-4%
4	DISCHARGES	7,920	8,160	240	3%
5	CASE MIX INDEX (CMI)	1.64680	1.67246	0.02566	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13,042.65600	13,647.27360	604.61760	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,836.05	\$9,880.11	(\$955.94)	-9%
8	PATIENT DAYS	56,895	54,474	(2,421)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,484.07	\$2,475.25	(\$8.82)	0%
10	AVERAGE LENGTH OF STAY	7.2	6.7	(0.5)	-7%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$241,849,912	\$252,478,826	\$10,628,914	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,619,572	\$43,767,919	\$4,148,347	10%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.38%	17.34%	0.95%	6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	55.17%	57.79%	2.62%	5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,369.24386	4,715.53935	346.29549	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,067.83	\$9,281.64	\$213.80	2%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$680,244,143	\$689,380,539	\$9,136,396	1%
18	TOTAL ACCRUED PAYMENTS	\$180,950,464	\$178,604,470	(\$2,345,994)	-1%
19	TOTAL ALLOWANCES	\$499,293,679	\$510,776,069	\$11,482,390	2%

#### **FISCAL YEAR 2016**

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DAT	A: COMPARAT	IVE ANALYSIS	<b>S</b>	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$214,836,674	\$202,622,724	(\$12,213,950)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$103,455,045	\$94,956,952	(\$8,498,093)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.16%	46.86%	-1.29%	-3%
4	DISCHARGES	5,639	5,694	55	1%
5	CASE MIX INDEX (CMI)	1.28301	1.29208	0.00907	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,234.89339	7,357.10352	122.21013	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,299.46	\$12,906.84	(\$1,392.62)	-10%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,463.41)	(\$3,026.73)	\$436.68	-13%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$25,057,368)	(\$22,267,967)	\$2,789,401	-11%
10	PATIENT DAYS	24,080	22,090	(1,990)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,296.31	\$4,298.64	\$2.33	0%
12	AVERAGE LENGTH OF STAY	4.3	3.9	(0.4)	-9%
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$333,257,720	\$334,645,820	\$1,388,100	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$124,025,751	\$118,641,692	(\$5,384,059)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.22%	35.45%	-1.76%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	155.12%	165.16%	10.04%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,747.29741	9,404.04542	656.74800	8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,178.75	\$12,616.03	(\$1,562.72)	-11%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$5,110.92)	(\$3,334.39)	\$1,776.53	-35%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$44,706,722)	(\$31,356,767)	\$13,349,955	-30%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$548,094,394	\$537,268,544	(\$10,825,850)	-2%
22	TOTAL ACCRUED PAYMENTS	\$227,480,796	\$213,598,644	(\$13,882,152)	-6%
23	TOTAL ALLOWANCES	\$320,613,598	\$323,669,900	\$3,056,302	1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$69,764,090)	(\$53,624,734)	\$16,139,356	-23%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$481,291,196	\$476,784,876	(\$4,506,320)	-1%
	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$287,018,071	\$277,391,098	(\$9,626,973)	-3%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$194,273,125	\$199,393,778	\$5,120,653	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.36%	41.82%	1.46%	

### BRIDGEPORT HOSPITAL

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2016**

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT I	DATA: COMPARAT	IVE ANALYSI	<b>S</b>	
		ACTUAL	ACTUAL	AMOUNT	%
IINF	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
LIIVE	DECORIT HON	11 2013	1 1 2010	DITTERENCE	DITTERCENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$20,207,327	\$10,924,791	(\$9,282,536)	-46%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,449,109	\$5,502,869	(\$4,946,240)	-47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.71%	50.37%	-1.34%	-3%
4	DISCHARGES	785	261	(524)	-67%
5	CASE MIX INDEX (CMI)	1.03671	1.28950	0.25279	24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	813.81735	336.55950	(477.25785)	-59%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,839.62	\$16,350.36	\$3,510.74	27%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$1,459.83	(\$3,443.52)	(\$4,903.35)	-336%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$2,003.57)	(\$6,470.25)	(\$4,466.68)	223%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,630,542)	(\$2,177,624)	(\$547,082)	34%
11	PATIENT DAYS	3,075	1,231	(1,844)	-60%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,398.08	\$4,470.24	\$1,072.16	32%
13	AVERAGE LENGTH OF STAY	3.9	4.7	0.8	20%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$33,171,524	\$38,794,461	\$5,622,937	17%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$16,413,766	\$5,014,778	(\$11,398,988)	-69%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.48%	12.93%	-36.55%	-74%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	164.16%	355.10%	190.95%	116%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,288.62399	926.82362	(361.80037)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,737.44	\$5,410.71	(\$7,326.72)	-58%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$1,441.31	\$7,205.31	\$5,764.00	400%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$3,669.60)	\$3,870.92	\$7,540.53	-205%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,728,739)	\$3,587,661	\$8,316,401	-176%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$53,378,851	\$49,719,252	(\$3,659,599)	-7%
24	TOTAL ACCRUED PAYMENTS	\$26,862,875	\$10,517,647	(\$16,345,228)	-61%
25	TOTAL ALLOWANCES	\$26,515,976	\$39,201,605	\$12,685,629	48%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,359,282)	\$1,410,037	\$7,769,319	-122%

### BRIDGEPORT HOSPITAL

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2016**

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$222,828,904	\$233,980,593	\$11,151,689	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$40,320,958	\$51,084,429	\$10,763,471	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.10%	21.83%	3.74%	21%
4	DISCHARGES	6,240	6,767	527	8%
5	CASE MIX INDEX (CMI)	1.06882	1.12961	0.06079	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,669.43680	7,644.07087	974.63407	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,045.63	\$6,682.88	\$637.25	11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$8,253.83	\$6,223.96	(\$2,029.87)	-25%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,790.42	\$3,197.23	(\$1,593.19)	-33%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$31,949,403	\$24,439,825	(\$7,509,578)	-24%
11	PATIENT DAYS	28,455	29,234	779	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,417.01	\$1,747.43	\$330.42	23%
13	AVERAGE LENGTH OF STAY	4.6	4.3	(0.2)	-5%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$307,573,351	\$304,832,821	(\$2,740,530)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$43,186,014	\$48,056,138	\$4,870,124	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.04%	15.76%	1.72%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	138.03%	130.28%	-7.75%	-6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,613.14522	8,816.13160	202.98638	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,013.97	\$5,450.93	\$436.97	9%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,164.79	\$7,165.09	(\$1,999.69)	-22%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,053.87	\$3,830.70	(\$223.16)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$34,916,545	\$33,771,985	(\$1,144,560)	-3%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$530,402,255	\$538,813,414	\$8,411,159	2%
24	TOTAL ACCRUED PAYMENTS	\$83,506,972	\$99,140,567	\$15,633,595	19%
25	TOTAL ALLOWANCES	\$446,895,283	\$439,672,847	(\$7,222,436)	-2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$66,865,948	\$58,211,809	(\$8,654,138)	-13%

#### **FISCAL YEAR 2016**

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYSI	<b>S</b>	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$14,299.46	\$12,906.84	(\$1,392.62)	-10%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$10,836.05	\$9,880.11	(\$955.94)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	OTHER MEDICAL ACCIOTANCE OUTDATIENT				
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$14,178.75	\$12,616.03	(\$1,562.72)	-11% 2%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$9,067.83 \$0	\$9,281.64 \$0	\$213.80 \$0	2% 0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	Φ0	ΦΟ	Φ0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEI	NT)			
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
	TOTALLOTTRIOLO	ΨΟ	ΨΟ	ΨΟ	0 78
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
		<b>\$0</b>	Ψ0	<b>\$</b> 0	370
	1	1			

#### **BRIDGEPORT HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT** AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL** AMOUNT % LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$222,828,904 \$233,980,593 \$11,151,689 5% 2 27% INPATIENT ACCRUED PAYMENTS (IP PMT) \$10,763,471 \$40,320,958 \$51,084,429 3 INPATIENT PAYMENTS / INPATIENT CHARGES 18.10% 21.83% 3.74% 21% DISCHARGES 8% 6,240 6,767 527 6% CASE MIX INDEX (CMI) 1.06882 1.12961 0.06079 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 6.669.43680 7.644.07087 974.63407 15% 7 INPATIENT ACCRUED PAYMENT / CMAD \$6,045.63 \$6,682.88 \$637.25 11% 8 -25% NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$8,253.83 \$6,223.96 (\$2,029.87)9 MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$4 790 42 \$3,197,23 (\$1,593.19)-33% INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$31,949,403 \$24,439,825 -24% 10 (\$7,509,578)PATIENT DAYS 3% 11 28,455 29,234 779 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,417.01 \$1,747.43 \$330.42 23% 12 AVERAGE LENGTH OF STAY -5% 13 4.6 4.3 (0.2)TOTAL MEDICAL ASSISTANCE OUTPATIENT OUTPATIENT ACCRUED CHARGES (OP CHGS) \$307,573,351 \$304,832,821 (\$2,740,530)-1% 14 OUTPATIENT ACCRUED PAYMENTS (OP PMT) 11% 15 \$43,186,014 \$48,056,138 \$4,870,124 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 12% 16 14 04% 15 76% 1 72% OUTPATIENT CHARGES / INPATIENT CHARGES 138.03% -7.75% -6% 17 130.28% 2% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 8,613.14522 8,816.13160 202.98638 9% OUTPATIENT ACCRUED PAYMENTS / OPED \$436.97 \$5.013.97 \$5,450,93 19 -22% 20 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$9,164.79 \$7,165.09 (\$1,999.69)MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$4,053.87 \$3,830.70 (\$223.16) -6% -3% OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT (\$1,144,560) \$34,916,545 \$33,771,985 22 TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES 2% 23 \$530.402.255 \$538.813.414 \$8,411,159 24 TOTAL ACCRUED PAYMENTS \$83,506,972 \$99,140,567 \$15,633,595 19%

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\$446,895,283

\$439,672,847

(\$7,222,436)

TOTAL ALLOWANCES

-2%

#### **FISCAL YEAR 2016**

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS				
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION			DIFFERENCE	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
0.	CHAMI 007 INIOANE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$410,349	\$911,152	\$500,803	122%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,862	\$168,167	\$76,305	83%
	INPATIENT ACCROED FATMENTS (IF FMT)	22.39%	18.46%	-3.93%	-18%
	DISCHARGES	22.39 %	36	-3.93 %	125%
	CASE MIX INDEX (CMI)	0.86005	0.92450	0.06445	7%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	13.76080	33.28200	19.52120	142%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,675.63	\$5,052.79	(\$1,622.84)	-24%
	PATIENT DAYS			,	243%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,187.19	\$1,167.83	(\$1,019.36)	-47%
	AVERAGE LENGTH OF STAY	2.6	4.0	(\$1,019.36)	52%
10	AVERAGE LENGTH OF STAT	2.0	4.0	1.4	3276
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$836,199	\$1,072,941	\$236,742	28%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$181,050	\$117,668	(\$63,382)	-35%
12	OUT ATIENT ACCREED FAINERTO (OF FINIT)	ψ101,030	ψ117,000	(ψ03,302)	-55 /0
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$1,246,548	\$1,984,093	\$737,545	59%
14	TOTAL ACCRUED PAYMENTS	\$272,912	\$285,835	\$12,923	5%
15	TOTAL ALLOWANCES	\$973,636	\$1,698,258	\$724,622	74%
13	TOTAL ALLOWARDED	ψ373,030	ψ1,030,230	Ψ1 24,022	1470
Н.	OTHER DATA				
•••	<u>OTTER DATA</u>				
1	OTHER OPERATING REVENUE	\$6,414,248	\$6,473,222	\$58,974	1%
2	TOTAL OPERATING EXPENSES	\$443,456,000	\$470,194,000	\$26,738,000	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
	CHARITY CARE (CHARGES)	\$13,728,345	\$16,129,090	\$2,400,745	17%
5	BAD DEBTS (CHARGES)	\$36,400,755	\$37,242,642	\$841,887	2%
6	UNCOMPENSATED CARE (CHARGES)	\$50,129,100	\$53,371,732	\$3,242,632	6%
7	COST OF UNCOMPENSATED CARE	\$16,190,179	\$16,986,883	\$796,705	5%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOL	<u>-OGY)</u>			
8	TOTAL ACCRUED CHARGES	\$530,402,255	\$538,813,414	\$8,411,159	2%
9	TOTAL ACCRUED PAYMENTS	\$83,506,972	\$99,140,567	\$15,633,595	19%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$171,303,837	\$171,490,791	\$186,954	0%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$87,796,865	\$72,350,224	(\$15,446,641)	-18%

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### BRIDGEPORT HOSPITAL

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2016**

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE	
	<del></del>					
II.	AGGREGATE DATA					
A.	TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$876,470,158	\$874,416,182	(\$2,053,976)	0%	
2	TOTAL INPATIENT PAYMENTS	\$285,198,757	\$281,046,099	(\$4,152,658)	-1%	
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.54%	32.14%	-0.40%	-1%	
4	TOTAL DISCHARGES	19,815	20,657	842	4%	
5	TOTAL CASE MIX INDEX	1.36062	1.38848	0.02785	2%	
6	TOTAL CASE MIX ADJUSTED DISCHARGES	26,960.74699	28,681.72999	1,720.98300	6%	
7	TOTAL OUTPATIENT CHARGES	\$883,517,182	\$893,030,408	\$9,513,226	1%	
8	OUTPATIENT CHARGES / INPATIENT CHARGES	100.80%	102.13%	1.32%	1%	
9	TOTAL OUTPATIENT PAYMENTS	\$207,012,387	\$210,583,417	\$3,571,030	2%	
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.43%	23.58%	0.15%	1%	
11	TOTAL CHARGES	\$1,759,987,340	\$1,767,446,590	\$7,459,250	0%	
12	TOTAL PAYMENTS	\$492,211,144	\$491,629,516	(\$581,628)	0%	
13	TOTAL PAYMENTS / TOTAL CHARGES	27.97%	27.82%	-0.15%	-1%	
14	PATIENT DAYS	109,472	105,942	(3,530)	-3%	
В.	TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$661,633,484	\$671,793,458	\$10,159,974	2%	
2	INPATIENT PAYMENTS	\$181,743,712	\$186,089,147	\$4,345,435	2%	
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.47%	27.70%	0.23%	1%	
4	DISCHARGES	14,176	14,963	787	6%	
5	CASE MIX INDEX	1.39150	1.42516	0.03366	2%	
6	CASE MIX ADJUSTED DISCHARGES	19,725.85360	21,324.62647	1,598.77287	8%	
7	OUTPATIENT CHARGES	\$550,259,462	\$558,384,588	\$8,125,126	1%	
8	OUTPATIENT CHARGES / INPATIENT CHARGES	83.17%		-0.05%	0%	
9	OUTPATIENT PAYMENTS	\$82,986,636	\$91,941,725	\$8,955,089	11%	
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.08%		1.38%	9%	
11	TOTAL CHARGES		\$1,230,178,046	\$18,285,100	2%	
	TOTAL PAYMENTS	\$264,730,348	\$278,030,872	\$13,300,524	5%	
	TOTAL PAYMENTS / CHARGES	21.84%		0.76%	3%	
14	PATIENT DAYS  TOTAL COVERNMENT REPUBLICATIONS	85,392	83,852	(1,540)	-2%	
15	TOTAL GOVERNMENT DEDUCTIONS	\$947,162,598	\$952,147,174	\$4,984,576	1%	
C.	AVERAGE LENGTH OF STAY					
1	MEDICARE	7.2	6.7	(0.5)	-7%	
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	3.9	(0.4)	-9%	
3	UNINSURED	3.9	4.7	0.8	20%	
4	MEDICAID	4.6	4.3	(0.2)	-5%	
5	OTHER MEDICAL ASSISTANCE	- 4.0	-	(0.2)	0%	
6	CHAMPUS / TRICARE	2.6	4.0	1.4	52%	
7	TOTAL AVERAGE LENGTH OF STAY	5.5	5.1	(0.4)	-7%	
<b>-</b>		3.3	0.1	(0.4)	7 70	

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### FISCAL YEAR 2016

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
≝.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$1,759,987,340	\$1,767,446,590	\$7,459,250	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$947,162,598	\$952,147,174	\$4,984,576	1%
3	UNCOMPENSATED CARE	\$50,129,100	\$53,371,732	\$3,242,632	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$194,273,125	\$199,393,778	\$5,120,653	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$1,191,564,823	\$1,204,912,684	\$13,347,861	1%
7	TOTAL ACCRUED PAYMENTS	\$568,422,517	\$562,533,906	(\$5,888,611)	-1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$568,422,517	\$562,533,906	(\$5,888,611)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3229696624	0.3182749109	(0.0046947515)	-1%
11	COST OF UNCOMPENSATED CARE	\$16,190,179	\$16,986,883	\$796,705	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$87,796,865	\$72,350,224	(\$15,446,641)	-18%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$103,987,044	\$89,337,108	(\$14,649,936)	-14%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	GY)			
1	MEDICAID	\$34,916,545	\$33,771,985	(\$1,144,560)	-3%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$6,359,282)	\$1,410,037	\$7,769,319	-122%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$28,557,264	\$35,182,022	\$6,624,758	23%
.,	DATA LIGED IN DECONOR LATIONS IN DEPORTS FOR AND ASS				
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u>)</u>			
					2 222/
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$26,136,895)	(\$18,891,199)		-27.72%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$466,074,249	\$472,738,316	\$6,664,067	1.43%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,759,987,341		\$7,459,249	0.42%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$750,000	\$522,500	(\$227,500)	-30.33%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$50.879.100	\$53.894.232	\$3,015,132	5.93%

## REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

**FISCAL YEAR 2016** 

	DASELINE UNDERPATIMENT DATA					
(1)	(2)	(3)	(4)	(5)		
LINE	<u>DESCRIPTION</u>	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>		
	A CODUED OUADOES AND DAVMENTS					
I.	ACCRUED CHARGES AND PAYMENTS					
A.	INPATIENT ACCRUED CHARGES					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$214,836,674	\$202,622,724	(\$12,213,950)		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$438,394,231 \$222,828,904	436,901,713 233,980,593	(\$1,492,518) \$11,151,689		
	MEDICALD  MEDICALD	\$222,828,904	233,980,593	\$11,151,689		
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0		
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$410,349	911,152	\$500,803		
	TOTAL INPATIENT GOVERNMENT CHARGES	\$20,207,327 <b>\$661,633,484</b>	10,924,791 <b>\$671,793,458</b>	(\$9,282,536) \$10,159,974		
	TOTAL INPATIENT CHARGES	\$876,470,158	\$874,416,182	(\$2,053,976)		
	OUTPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$333,257,720	\$334,645,820	\$1,388,100		
	MEDICARE	\$241,849,912	252,478,826	\$10,628,914		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$307,573,351	304,832,821	(\$2,740,530)		
	MEDICAID OTHER MEDICAL ASSISTANCE	\$307,573,351 \$0	304,832,821 0	(\$2,740,530) \$0		
	CHAMPUS / TRICARE	\$836,199	1,072,941	\$236,742		
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,171,524	38,794,461	\$5,622,937		
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$550,259,462	\$558,384,588	\$8,125,126		
	TOTAL OUTPATIENT CHARGES	\$883,517,182	\$893,030,408	\$9,513,226		
C.	TOTAL ACCRUED CHARGES					
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$548,094,394	\$537,268,544	(\$10,825,850)		
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$680,244,143 \$530,402,255	\$689,380,539 \$538,813,414	\$9,136,396 \$8,411,159		
	TOTAL MEDICAL AGGISTANCE (INCLUDING OTHER MEDICAL AGGISTANCE)	\$530,402,255	\$538,813,414	\$8,411,159		
	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0		
	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,246,548 \$53,378,851	\$1,984,093 \$49,719,252	\$737,545 (\$3,659,599)		
	TOTAL GIVINGGORD (INCCODED IN NON-GOVERNIMENT)	\$1,211,892,946	\$1,230,178,046	\$18,285,100		
	TOTAL CHARGES	\$1,759,987,340	\$1,767,446,590	\$7,459,250		
D.	INPATIENT ACCRUED PAYMENTS					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,455,045	\$94,956,952	(\$8,498,093)		
	MEDICARE	\$141,330,892	134,836,551	(\$6,494,341)		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$40,320,958 \$40,320,958	51,084,429 51,084,429	\$10,763,471 \$10,763,471		
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0		
	CHAMPUS / TRICARE	\$91,862	168,167	\$76,305		
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$10,449,109 <b>\$181,743,712</b>	5,502,869 \$186,089,147	(\$4,946,240) \$4,345,435		
	TOTAL INPATIENT GOVERNMENT PATMENTS  TOTAL INPATIENT PAYMENTS	\$285,198,757	\$281,046,099	(\$4,152,658)		
			, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , . , ,		
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,025,751	\$118,641,692	(\$5,384,059)		
	MEDICARE	\$39,619,572	43,767,919	\$4,148,347		
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,186,014	48,056,138	\$4,870,124		
	MEDICAL ASSISTANCE	\$43,186,014	48,056,138	\$4,870,124		
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0 \$181,050	0 117,668	\$0 (\$63,382)		
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,413,766	5,014,778	(\$11,398,988)		
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$82,986,636	\$91,941,725	\$8,955,089		
<u> </u>	TOTAL OUTPATIENT PAYMENTS	\$207,012,387	\$210,583,417	\$3,571,030		
	TOTAL ACCRUED PAYMENTS					
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$227,480,796	\$213,598,644	(\$13,882,152)		
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$180,950,464 \$83,506,972	\$178,604,470 \$99,140,567	(\$2,345,994) \$15,633,595		
4	TOTAL MEDICAID	\$83,506,972	\$99,140,567	\$15,633,595		
	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0		
	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$272,912 \$26,862,875	\$285,835 \$10,517,647	\$12,923 (\$16,345,228)		
	TOTAL GOVERNMENT PAYMENTS	\$264,730,348	\$278,030,872	\$13,300,524		
	TOTAL PAYMENTS	\$492,211,144	\$491,629,516	(\$581,628)		

# BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

## REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL <u>FY 2016</u>	AMOUNT <u>DIFFERENCE</u>
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.21%	11.46%	-0.74%
2	MEDICARE	24.91%	24.72%	-0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.66%	13.24%	0.58%
4	MEDICAID	12.66%	13.24%	0.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.02%	0.05%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.15%	0.62%	-0.53%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.59%	38.01%	0.42%
	TOTAL INPATIENT PAYER MIX	49.80%	49.47%	-0.33%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.94%	18.93%	0.00%
2	MEDICARE	13.74%	14.28%	0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.48%	17.25%	-0.23%
4	MEDICAID	17.48%	17.25%	-0.23%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.06%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.88%	2.19%	0.31%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	31.26%	31.59%	0.33%
	TOTAL OUTPATIENT PAYER MIX	50.20%	50.53%	0.33%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.02%	19.31%	-1.70%
2	MEDICARE	28.71%	27.43%	-1.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.19%	10.39%	2.20%
4	MEDICAID	8.19%	10.39%	2.20%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.02%	0.03%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYER MIX	2.12% <b>36.92%</b>	1.12% <b>37.85%</b>	-1.00% <b>0.93%</b>
	TOTAL INPATIENT GOVERNMENT PATER WIX  TOTAL INPATIENT PAYER MIX	57.94%	57.17%	-0.78%
		3110170	• • • • • • • • • • • • • • • • • • • •	0.1.070
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.20%	24.13%	-1.07%
2	MEDICARE	8.05%	8.90%	0.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.77%	9.77%	1.00%
4	MEDICAID	8.77%	9.77%	1.00%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.04%	0.02%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	3.33% 16.86%	1.02% <b>18.70%</b>	-2.31% <b>1.84%</b>
	TOTAL OUTPATIENT GOVERNMENT FATER MIX	42.06%	42.83%	0.78%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

# BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

## REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

	BASELINE UNDERFATIMENT DATA				
(1)	(2)	(3)	(4)	<b>(5)</b>	
(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	AMOUNT	
LINE	DESCRIPTION	FY 2015	FY 2016	<b>DIFFERENCE</b>	
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	<u>DATA</u>			
<b>—</b>	DICCHARGES				
Α.	<u>DISCHARGES</u>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,639	5,694	55	
	MEDICARE	7,920		240	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,240		527	
	MEDICAID	6,240	6,767	527	
5	OTHER MEDICAL ASSISTANCE	0		-	
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	16 785	36 261	20 (524)	
	TOTAL GOVERNMENT DISCHARGES	14,176	14,963	787	
	TOTAL DISCHARGES	19,815	20,657	842	
		,	,		
В.	PATIENT DAYS				
<u> </u>	NON COVEDNMENT (INCLIDING SELE DAY / LINUNGLIDED)	04.000	00.000	(4.000)	
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	24,080 56,895	22,090 54,474	(1,990) (2,421)	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,455	29,234	779	
	MEDICAID	28,455	29,234	779	
	OTHER MEDICAL ASSISTANCE	0	,	-	
	CHAMPUS / TRICARE	42	144	102	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,075	1,231	(1,844)	
-	TOTAL GOVERNMENT PATIENT DAYS TOTAL PATIENT DAYS	85,392 109,472	83,852 105,942	(1,540)	
	TOTAL PATIENT DATS	109,472	105,942	(3,530)	
C.	AVERAGE LENGTH OF STAY (ALOS)				
	,				
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	3.9	(0.4)	
	MEDICARE	7.2	6.7	(0.5)	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	4.6 4.6	4.3 4.3	(0.2)	
5	OTHER MEDICAL ASSISTANCE	0.0		(0.2)	
	CHAMPUS / TRICARE	2.6	4.0	1.4	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.9	4.7	0.8	
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.0		(0.4)	
	TOTAL AVERAGE LENGTH OF STAY	5.5	5.1	(0.4)	
D.	CASE MIX INDEX				
<u> </u>	CASE WITA INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.28301	1.29208	0.00907	
2	MEDICARE	1.64680	1.67246	0.02566	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.06882	1.12961	0.06079	
	MEDICAID	1.06882	1.12961	0.06079	
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 0.86005	0.00000 0.92450	0.00000 0.06445	
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03671		0.25279	
	TOTAL GOVERNMENT CASE MIX INDEX	1.39150		0.03366	
	TOTAL CASE MIX INDEX	1.36062	1.38848	0.02785	
<b>L</b> _					
E.	OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$481,291,196	\$476,784,876	(\$4,506,320)	
	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$287,018,071	\$277,391,098	(\$9,626,973)	
			, ,,	(, -, -= -, 3 : 0)	
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$194,273,125	\$199,393,778	\$5,120,653	
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.36%	41.82%	1.46% \$0	
5 6	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$0 \$0	\$0 \$0	\$0	
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0 \$0	ΨΟ	
1	OHCA INPUT)	Ψ	Ψ0	\$0	
8	CHARITY CARE	\$13,728,345	\$16,129,090	\$2,400,745	
	BAD DEBTS	\$36,400,755	\$37,242,642	\$841,887	
	TOTAL UNCOMPENSATED CARE	\$50,129,100	\$53,371,732	\$3,242,632	
11	TOTAL OTHER OPERATING REVENUE	\$6,414,248	\$6,473,222	\$58,974	
12	TOTAL OPERATING EXPENSES	\$443,456,000	\$470,194,000	\$26,738,000	

# FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   6,669.43880   7,644.07087   974.6340					
INC.   DISPERENCE   PY 2015   PY 2016   DIFFERENCE   IV.   DSH UPPER PAYMENT LIMIT CALCULATIONS	(1)	(2)	(3)	(4)	(5)
INC.   DISPERENCE   PY 2015   PY 2016   DIFFERENCE   IV.   DSH UPPER PAYMENT LIMIT CALCULATIONS			ACTUAL	ACTUAL	AMOUNT
A. CASE MIX ADJUSTED DISCHARGES	l				
. CASE MIX ADJUSTED DISCHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1 7,234 89339 7,357 10352 122 2101 2 MEDICARE 13,042 65600 13,647 27360 604 6176 3 MEDICALA ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,669 43860 7,644 07087 974 6340 4 MEDICALD 6,669 43860 7,644 07087 974 6340 5 OTHER MEDICAL ASSISTANCE 0,00000 0,00000 6 CHAMPUS / TRICARE 13,76600 33 3,28200 19,5212 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 813,81735 33 5,65950 17,72578 7 OTAL GOVERNMENT (ASE MIX ADJUSTED DISCHARGES 19,725 85360 21,324 5,2647 1,598,7728 8 OUTPATIENT EQUIVALENT DISCHARGES ALCULATION (REVENUE METHODOLOGY)  8 OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 5,747 2974 9,404 04542 655,7489 2 NEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,813 14522 8,816 13160 202 9863 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 8,613 14522 8,816 13160 202 9863 4 MEDICALD SSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 7,747 297 3,747 29	LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	DIFFERENCE
. CASE MIX ADJUSTED DISCHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1 7,234 89339 7,357 10352 122 2101 2 MEDICARE 13,042 65600 13,647 27360 604 6176 3 MEDICALA ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,669 43860 7,644 07087 974 6340 4 MEDICALD 6,669 43860 7,644 07087 974 6340 5 OTHER MEDICAL ASSISTANCE 0,00000 0,00000 6 CHAMPUS / TRICARE 13,76600 33 3,28200 19,5212 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 813,81735 33 5,65950 17,72578 7 OTAL GOVERNMENT (ASE MIX ADJUSTED DISCHARGES 19,725 85360 21,324 5,2647 1,598,7728 8 OUTPATIENT EQUIVALENT DISCHARGES ALCULATION (REVENUE METHODOLOGY)  8 OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 5,747 2974 9,404 04542 655,7489 2 NEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,813 14522 8,816 13160 202 9863 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 8,613 14522 8,816 13160 202 9863 4 MEDICALD SSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 7,747 297 3,747 29	***	DOLLUBBER BAYMENT LIMIT CALOUI ATIONS			
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	_	CASE MIV AD HISTED DISCHARGES			
REDICARE	Α.	CASE WIX ADJUSTED DISCHARGES			
REDICARE	1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.234.89339	7.357.10352	122.21013
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   6,669.43880   7,644.07087   974.6340					604.61760
5 OTHER MEDICAL ASSISTANCE         0.00000         0.00000           6 CHAMPUS / TRICARE         13.76080         33.28200         19.5212           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         81.381735         33.65950         (477.2578)           TOTAL GASE MIX ADJUSTED DISCHARGES         19.728.65360         21.324.62647         1,598.7271           TOTAL CASE MIX ADJUSTED DISCHARGES         26,960.74699         28,681.72999         1,720.98301           B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)         40.0000         8,747.29741         9.404.04542         655.7480           1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         8,747.29741         9.404.04542         655.7480           2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         8,613.14522         8,816.13160         202.9863           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         0.00000         0.00000         0.00000           5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         0.00000         0.00000         0.00000           6 CHAMPUS / TRICARE         3.20404         43.39235         94.525           7 UNINISURED (INCLUDED IN NON-GOVERNMENT)         1.286.62399         926.82302         -361.8003           1 TOTAL GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$14.299.46         \$12.			6,669.43680	7,644.07087	974.63407
6 CHAMPUS / TRICARE	4	MEDICAID	6,669.43680	7,644.07087	974.63407
Total Government Case mix adjusted Discharges   19,725,83360   21,324,62647   1,720,98301					0.00000
TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES   19,728,85360   21,324,62647   1,598,7728.					19.52120
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)   1,720,9830f.   1,720,9	7				
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4,369,24366 4,715,53935 346,2954 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6,613,14522 8,616,13160 20,2963 5 OTHER MEDICAL ASSISTANCE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1,288,62399 1,288,62399 2,288,2362 361,8003 1,2014,99349 1,218,62399 1,288,62399 2,2978,10872 1,215,8178 1,216,229900 2,2978,10872 1,215,8178 1,216,229900 2,2978,10872 1,215,8178 1,216,229900 2,2978,10872 1,215,8178 1,216,229900 2,2978,10872 1,215,8178 1,216,229,46 1,229,46 1,299,46 1,2					,
NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	-	TOTAL CASE MIX ADJUSTED DISCHARGES	26,960.74699	28,681.72999	1,720.98300
NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	_	OUTDATIENT FOUNDAMENT DISCUADOES CALCUMATION (DEVENUE METHODOLOGY)			
2 MEDICARE	ъ.	OUTFAILENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
2 MEDICARE	1	NON-GOVERNMENT (INCLUDING SELE PAY / LININSURED)	8 747 29741	9 404 04542	656 74800
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)					346.29549
MEDICAID					202.98638
6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 1,288.62399 926.82362 -361.8003 7 TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 14,219.06.872 1,215.8178  C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL SELECTOR (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8 12,839.62 \$16,350.36 \$3,510.76 1 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8 12,839.62 \$16,350.36 \$3,510.76 1 TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE 8 \$9,213.48 \$8,726.49 (\$486.91 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 \$12,616.03 (\$1,562.77 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$10					202.98638
6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 1,288.62399 926.82362 -361.8003 7 TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 13,014.99349 13,574.06330 559.0688 14,219.06.872 1,215.8178  C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL SELECTOR (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8 12,839.62 \$16,350.36 \$3,510.76 1 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8 12,839.62 \$16,350.36 \$3,510.76 1 TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE 8 \$9,213.48 \$8,726.49 (\$486.91 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 (\$779.51 \$10,578.30 \$9,798.78 \$12,616.03 (\$1,562.77 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$10,578.30 \$9,798.78 \$12,616.03 \$10,578.30 \$10	5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES   13,014.99349   13,574.06330   559.0698   TOTAL OUTPATIENT EQUIVALENT DISCHARGES   21,762.29090   22,978.10872   1,215.8178			32.60440	42.39235	9.78795
TOTAL OUTPATIENT EQUIVALENT DISCHARGES   21,762.29090   22,978.10872   1,215.8178	7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,288.62399	926.82362	-361.80037
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE 7 UNINSURED (INCLUDING SELF PAY / UNINSURED) 8 12,839 62 9 14,178.75 9 15,252.34 9 15,273.34 9 15,2		TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	13,014.99349	13,574.06330	559.06981
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)       \$14,299.46       \$12,906.84       (\$1,392.61         2 MEDICARE       \$10,836.05       \$9,880.11       (\$955.9-         3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$6,045.63       \$6,682.88       \$637.21         4 MEDICAID       \$6,045.63       \$6,682.88       \$637.21         5 OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00         6 CHAMPUS / TRICARE       \$6,675.63       \$5,052.79       (\$1,622.88         7 UNINSURED (INCLUDED IN NON-GOVERNMENT)       \$12,839.62       \$16,350.36       \$3,510.7-         TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$9,213.48       \$8,726.49       (\$486.91         D. OUTPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$10,578.30       \$9,798.78       (\$779.5-         D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE       \$10,578.30       \$9,798.78       (\$1,562.7*         2 MEDICARE       \$9,067.83       \$9,281.64       \$213.80         3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         4 MEDICAID       \$5,013.97       \$5,450.93       \$436.91         5 OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00		TOTAL OUTPATIENT EQUIVALENT DISCHARGES	21,762.29090	22,978.10872	1,215.81782
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)       \$14,299.46       \$12,906.84       (\$1,392.61         2 MEDICARE       \$10,836.05       \$9,880.11       (\$955.9-         3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$6,045.63       \$6,682.88       \$637.21         4 MEDICAID       \$6,045.63       \$6,682.88       \$637.21         5 OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00         6 CHAMPUS / TRICARE       \$6,675.63       \$5,052.79       (\$1,622.88         7 UNINSURED (INCLUDED IN NON-GOVERNMENT)       \$12,839.62       \$16,350.36       \$3,510.7-         TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$9,213.48       \$8,726.49       (\$486.91         D. OUTPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$10,578.30       \$9,798.78       (\$779.5-         D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE       \$10,578.30       \$9,798.78       (\$1,562.7*         2 MEDICARE       \$9,067.83       \$9,281.64       \$213.80         3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         4 MEDICAID       \$5,013.97       \$5,450.93       \$436.91         5 OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00					
2       MEDICARE       \$10,836.05       \$9,880.11       (\$955.9-3)         3       MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$6,045.63       \$6,682.88       \$637.21         4       MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00         6       CHAMPUS / TRICARE       \$6,675.63       \$5,052.79       (\$1,622.8-6)         7       UNINSURED (INCLUDED IN NON-GOVERNMENT)       \$12,839.62       \$16,350.36       \$3,510.7-7         1       TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$9,213.48       \$8,726.49       (\$486.91         1       NON-GOVERNMENT PER CASE MIX ADJUSTED DISCHARGE       \$10,578.30       \$9,798.78       (\$779.5-70.5)         2       MEDICARE       \$10,578.30       \$9,798.78       (\$779.5-70.5)         3       MEDICARE       \$9,067.83       \$9,281.64       \$213.81         4       MEDICALE       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00 <td>C.</td> <td>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</td> <td></td> <td></td> <td></td>	C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
2       MEDICARE       \$10,836.05       \$9,880.11       (\$955.9-3)         3       MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$6,045.63       \$6,682.88       \$637.21         4       MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00         6       CHAMPUS / TRICARE       \$6,675.63       \$5,052.79       (\$1,622.8-6)         7       UNINSURED (INCLUDED IN NON-GOVERNMENT)       \$12,839.62       \$16,350.36       \$3,510.7-7         1       TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE       \$9,213.48       \$8,726.49       (\$486.91         1       NON-GOVERNMENT PER CASE MIX ADJUSTED DISCHARGE       \$10,578.30       \$9,798.78       (\$779.5-70.5)         2       MEDICARE       \$10,578.30       \$9,798.78       (\$779.5-70.5)         3       MEDICARE       \$9,067.83       \$9,281.64       \$213.81         4       MEDICALE       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00 <td>1</td> <td>NON COVERNMENT (INCLUDING SELE DAY / LININGLIDED)</td> <td>\$14.200.46</td> <td>\$12.006.9<i>4</i></td> <td>(¢4 202 62)</td>	1	NON COVERNMENT (INCLUDING SELE DAY / LININGLIDED)	\$14.200.46	\$12.006.9 <i>4</i>	(¢4 202 62)
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   \$6,045.63   \$6,682.88   \$637.23				. ,	
4 MEDICAID \$6,045.63 \$6,682.88 \$637.25 5 OTHER MEDICAL ASSISTANCE \$0.00					
5 OTHER MEDICAL ASSISTANCE         \$0.00         \$0.00         \$0.00           6 CHAMPUS / TRICARE         \$6,675.63         \$5,052.79         (\$1,622.84)           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,839.62         \$16,350.36         \$3,510.74           TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE         \$9,213.48         \$8,726.49         (\$486.91           TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE         \$10,578.30         \$9,798.78         (\$779.54           D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE         \$14,178.75         \$12,616.03         (\$1,562.74           1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$14,178.75         \$12,616.03         (\$1,562.74           2 MEDICARE         \$9,067.83         \$9,281.64         \$213.80           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         \$5,013.97         \$5,450.93         \$436.91           4 MEDICAID         \$5,013.97         \$5,450.93         \$436.91           5 OTHER MEDICAL ASSISTANCE         \$0.00         \$0.00         \$0.00           6 CHAMPUS / TRICARE         \$5,552.93         \$2,775.69         (\$2,777.24           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,737.44         \$5,410.71         (\$7,326.72           TOTAL GOVERNMENT OUTPATIENT PAYME					
6         CHAMPUS / TRICARE         \$6,675.63         \$5,052.79         (\$1,622.86)           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,839.62         \$16,350.36         \$3,510.74           TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE         \$9,213.48         \$8,726.49         (\$486.91           TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE         \$10,578.30         \$9,798.78         (\$779.52           D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE           1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$14,178.75         \$12,616.03         (\$1,562.72           2         MEDICARE         \$9,067.83         \$9,281.64         \$213.80           3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         \$5,013.97         \$5,450.93         \$436.93           4         MEDICALD         \$5,013.97         \$5,450.93         \$436.93           5         OTHER MEDICAL ASSISTANCE         \$0.00         \$0.00         \$0.00           5         OTHER MEDICAL ASSISTANCE         \$5,552.93         \$2,775.69         (\$2,777.24           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,737.44         \$5,410.71         (\$7,326.72           TOTAL GOVERNMENT OUTPATIENT PAYMENT PER O			. ,		\$0.00
TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE   \$12,839.62   \$16,350.36   \$3,510.74					•
TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE   \$9,213.48   \$8,726.49   (\$486.95				. ,	\$3,510.74
D. OUTPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE   \$10,578.30   \$9,798.78   (\$779.5)					(\$486.99)
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$14,178.75 \$12,616.03 (\$1,562.72) 2 MEDICARE \$9,067.83 \$9,281.64 \$213.80 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,013.97 \$5,450.93 \$436.93 4 MEDICAID \$5,013.97 \$5,450.93 \$436.93 5 OTHER MEDICAL ASSISTANCE \$0.00 \$0.00 \$0.00 6 CHAMPUS / TRICARE \$5,552.93 \$2,775.69 (\$2,777.20) 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$12,737.44 \$5,410.71 (\$7,326.72) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$6,376.23 \$6,773.34 \$397.12			\$10,578.30	\$9,798.78	(\$779.51)
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$14,178.75 \$12,616.03 (\$1,562.72) 2 MEDICARE \$9,067.83 \$9,281.64 \$213.80 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,013.97 \$5,450.93 \$436.93 4 MEDICAID \$5,013.97 \$5,450.93 \$436.93 5 OTHER MEDICAL ASSISTANCE \$0.00 \$0.00 \$0.00 6 CHAMPUS / TRICARE \$5,552.93 \$2,775.69 (\$2,777.20) 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$12,737.44 \$5,410.71 (\$7,326.72) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$6,376.23 \$6,773.34 \$397.12					
2       MEDICARE       \$9,067.83       \$9,281.64       \$213.80         3       MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         4       MEDICAID       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$10.00 <td< td=""><td>D.</td><td>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</td><td></td><td></td><td></td></td<>	D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
2       MEDICARE       \$9,067.83       \$9,281.64       \$213.80         3       MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       \$5,013.97       \$5,450.93       \$436.91         4       MEDICAID       \$5,013.97       \$5,450.93       \$436.91         5       OTHER MEDICAL ASSISTANCE       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$10.00 <td< td=""><td></td><td></td><td><b>A</b></td><td></td><td>(4</td></td<>			<b>A</b>		(4
3   MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   \$5,013.97   \$5,450.93   \$436.97   \$4   MEDICAID   \$5,013.97   \$5,450.93   \$436.97   \$5,450.93   \$436.97   \$5,450.93   \$436.97   \$5,450.93   \$436.97   \$5,000   \$0.00					
4         MEDICAID         \$5,013.97         \$5,450.93         \$436.93           5         OTHER MEDICAL ASSISTANCE         \$0.00         \$0.00         \$0.00           6         CHAMPUS / TRICARE         \$5,552.93         \$2,775.69         (\$2,777.24           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,737.44         \$5,410.71         (\$7,326.72           TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE         \$6,376.23         \$6,773.34         \$397.12					
5         OTHER MEDICAL ASSISTANCE         \$0.00         \$0.00           6         CHAMPUS / TRICARE         \$5,552.93         \$2,775.69         (\$2,777.24           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$12,737.44         \$5,410.71         (\$7,326.72           TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE         \$6,376.23         \$6,773.34         \$397.12			. ,	. ,	
6 CHAMPUS / TRICARE \$5,552.93 \$2,775.69 (\$2,777.24) 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$12,737.44 \$5,410.71 (\$7,326.72) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$6,376.23 \$6,773.34 \$397.17				. ,	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$12,737.44 \$5,410.71 (\$7,326.72) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$6,376.23 \$6,773.34 \$397.12					
TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$6,376.23 \$6,773.34 \$397.17					
\$6,376.23 \$6,773.34 \$397.1 <sup>2</sup>	<del>- '-</del>		Ψ12,101.44	ψυ,+10.71	(Ψ1,320.12)
		TO THE GOVERNMENT OF TAILER LANGERT FOR CONTAINER ENGINALERY DISCHARGE	\$6.376.23	\$6.773.34	\$397.11
The state of the s		TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			(\$347.91)
			, - , -	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

#### TWELVE MONTHS ACTUAL FILING OFFICE OF HEALTH CARE ACCESS **BRIDGEPORT HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA** (1) (2) (4) (3) (5) **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE** CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID \$34 916 545 \$33,771,985 (\$1,144,56 \$0 OTHER MEDICAL ASSISTANCE \$0 \$0 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1,410,037 \$7,769,319 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$28,557,264 \$35,182,022 \$6,624,758 VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) \$1,759,987,340 \$1,767,446,590 \$7,459,250 TOTAL CHARGES TOTAL GOVERNMENT DEDUCTIONS \$947,162,598 \$952,147,174 \$4,984,576 \$53,371,732 3 UNCOMPENSATED CARE \$50,129,100 \$3,242,632 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$194,273,125 \$199,393,778 \$5,120,653 4 EMPLOYEE SELF INSURANCE ALLOWANCE \$0 \$0 \$0 \$1,191,564,823 \$1,204,912,684 \$13,347,861 6 TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS \$568,422,517 \$562,533,906 UCP DSH PAYMENTS (OHCA INPUT) \$0 8 \$0 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS \$568,422,517 \$562,533,906 9 RATIO OF NET REVENUE TO TOTAL CHARGES 0.3229696624 0.3182749109 (0.0046947515) 10 COST OF UNCOMPENSATED CARE \$16,190,179 \$16,986,883 \$796,705 11 MEDICAL ASSISTANCE UNDERPAYMENT \$87,796,865 \$72,350,224 12 (\$15,446,641 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$103,987,044 \$89,337,108 (\$14,649 14 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 48 16% 46 86% -1 29% MEDICARE 32.24% 30.86% -1.38% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 18.10% 21.83% 3.74% 3 3.74% MEDICAID 18.10% 21.83% 4 OTHER MEDICAL ASSISTANCE 0.00% 0.00% 0.00% 6 CHAMPUS / TRICARE 22.39% 18.46% -3.93% UNINSURED (INCLUDED IN NON-GOVERNMENT) 51 71% 50.37% -1.34% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 27.47% 27.70% 0.23% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 32.54% 32.14% -0.40% В. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 37.22% 35.45% -1.76% NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1 MEDICARE 16.38% 17.34% 0.95%

3

4

5

6

**MEDICAID** 

OTHER MEDICAL ASSISTANCE

UNINSURED (INCLUDED IN NON-GOVERNMENT)

CHAMPUS / TRICARE

MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)

TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES

TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES

14.04%

14.04%

21.65%

49.48%

15.08%

23.43%

0.00%

15.76%

15.76%

0.00%

10.97%

12.93%

16.47%

23.58%

1.72%

1.72%

0.00%

1.38%

0.15%

-10.68%

-36.55%

	BRIDGEPORT HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>	AMOUNT <u>DIFFERENCE</u>
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATION	TIONS		
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	S		
1	TOTAL ACCRUED PAYMENTS	\$492.211.144	£404 000 540	(\$504.000)
	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	\$492,211,144	\$491,629,516	(\$581,628) \$0
_	INPUT)	\$0	\$0	Ψ
	OHCA DEFINED NET REVENUE	\$492,211,144	\$491,629,516	(\$581,628)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$26,136,895)	(\$18,891,199)	\$7,245,696
4	CALCULATED NET REVENUE	\$502,475,004	\$472.738.317	(\$29.736.687)
		¥00=, 110,000	<del>+,,</del>	(+==;===;===;
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$466,074,249	\$472,738,316	\$6,664,067
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$36,400,755	\$1	(\$36,400,754)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$1.759.987.340	\$1.767.446.590	\$7,459,250
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,759,987,340	\$1,767,446,590	\$7,459,250
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,759,987,341	\$1,767,446,590	\$7,459,249
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	Te		
U.	RECONCILIATION OF ORGA DEFINED UNCOMP. CARE TO ROSPITAL AUDITED FIN. STATEMEN	13		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$50,129,100	\$53,371,732	\$3,242,632
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$750,000	\$522,500	(\$227,500)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$50,879,100	\$53,894,232	\$3,015,132
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$50,879,100	\$53,894,232	\$3,015,132
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

LINE DESCRIPTION  FY 2  I. ACCRUED CHARGES AND PAYMENTS  A. INPATIENT ACCRUED CHARGES  A. INPATIENT ACCRUED CHARGES  I. NON-GOVERNMENT INOLUDING SELF PAY / UNINSURED)  5. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5. GITHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  7. UNINSURED (INCLUDED IN NON-GOVERNMENT)  1. TOTAL INPATIENT GOVERNMENT CHARGES  8. OUTPATIENT CHARGES  8. OUTPATIENT CHARGES  9. OUTPATIENT CHARGES  1. NON-GOVERNMENT INCLUDING OTHER MEDICAL ASSISTANCE)  2. MEDICAR  2. MEDICAR  8. OUTPATIENT ACCRUED CHARGES  9. OUTPATIENT CHARGES  1. OUTPATIENT CHAR			
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES  (1) (2) (3) (3)  (1) (2) (2) (3)  (2) (3)  (3) (4) (4) (2) (2) (3)  (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES  (1) (2) (3)  (3)  (4)  (5)  (6)  (7)  (8)  (8)  (8)  (8)  (9)  (8)  (9)  (8)  (9)  (9			
(1) (2) (3) (3)  LINE DESCRIPTION (F) (2) (3)  ACTI LINE DESCRIPTION (F) (2)  I. ACCRUED CHARGES AND PAYMENTS  I. ACCRUED CHARGES AND PAYMENTS  A. INPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) (5) 2502 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (2) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (2) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (2) 5 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (2) 6 CHAMPUS / TRICARBE (2) 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) (1) 10 TOTAL IMPATIENT GOVERNMENT (CHARGES SEPAY / UNINSURED) (2) 8 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (2) 9 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) (3) 9 MEDICA			
(1) (1) (2) (3) (3)  LINE DESCRIPTION ACTU PY 2  I. ACCRUED CHARGES AND PAYMENTS  A. INPATIENT ACCRUED CHARGES A. INPATIENT ACCRUED CHARGES A. INPATIENT ACCRUED CHARGES A. INPATIENT ACCRUED CHARGES B. INPATIENT COLORING SELF PAY / UNINSURED) B. S202 B. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) B. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) C. CHAMPLY TRICARE D. OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) C. CHAMPLY TRICARE D. OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) C. CHAMPLY TRICARE C. S22 C. MEDICARE C. MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) C. CHAMPLY TRICARE C. S23 C. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) C. CHAMPLY TRICARE C. S25 C. CHAMPLY TRICARE C.			
LINE DESCRIPTION FY 2  I. ACCRUED CHARGES AND PAYMENTS  1. INDM: ACCRUED CHARGES AND PAYMENTS  1. INDM: ACCRUED CHARGES  2. INDM: ACCRUED CHARGES  3. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5. OTHER MEDICAL ASSISTANCE  7. UNINSURED (INCLUDED IN NON-GOVERNMENT)  1. TOTAL INPATIENT OF CYRMINENT CHARGES  8. OUTPATIENT CHARGES  8. OUTPATIENT ACCRUED CHARGES  8. OUTPATIENT ACCRUED CHARGES  9. OUTPATIENT ACCRUED CHARGES  1. NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE)  2. MEDICARE  8. OUTPATIENT ACCRUED CHARGES  9. OUTPATIENT ACCRUED CHARGES  9. OUTPATIENT ACCRUED CHARGES  1. OTHER MEDICAL ASSISTANCE  1. OUTPATIENT OF COVERNMENT CHARGES  1. OUTPATIENT COVERNMENT CHARGES  1. OUTPATIENT COVERNMENT CHARGES  1. TOTAL ACRUED CHARGES  1. TOTAL ACRUED CHARGES  1. TOTAL ACCRUED CHARGES  1. NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  2. MEDICARE  3. MEDICAL ASSISTANCE  4. MEDICARE  4. MEDICAL ASSISTANCE  5. OTHER MEDICAL ASSISTANCE  6. CHAMPUS / TRICARE  7. UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE)  5. OTHER MEDICAL ASSISTANCE  6. CHAMPUS / TRICARE  7. OUTPATIENT CACRUED CHARGES  1. TOTAL AND OUTPATIENT CONTROL OF THE MEDICAL ASSISTANCE)  5. OTHER MEDICAL ASSISTANCE  6. CHAMPUS / TRICARE  7. OUTPATIENT CACRUED CHARGES  1. TOTAL INCREMENT (INCLUDING SELF PAY / UNINSURED)  5. SOTHER MEDICAL ASSISTANCE  6. CHAMPUS / TRICARE  7. OUTPATIENT CACRUED PAYMENTS  1. TOTAL OUTPATIENT COURTER MEDICAL ASSISTANCE)  4. MEDICARE  5. OUTPATIENT ACCRUED PAYMENTS  1. OUTPATIENT ACCRUED PAYMENTS  1. OUTPATIENT ACCRUED PAYMENTS  1. OUTPATIENT ACCRUE		BACLEINE ONDER! ATMENT DATA: ACKEED OF ONT ROCEDOREO	
LINE DESCRIPTION FY 2  I. ACCRUED CHARGES AND PAYMENTS  A. INPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2520 2520 2520 2520 2520 2520 2520 252	(1)	(2)	(3)
I. ACCRUED CHARGES AND PAYMENTS  A. INPATIENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICAL SELF PAY / UNINSURED)  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  1 TOTAL INPATIENT CHARGES  8 SET TOTAL INPATIENT CHARGES  8 SET TOTAL INPATIENT CHARGES  9 UTPATIENT ACCRUED CHARGES (INCLUDING OTHER MEDICAL ASSISTANCE)  2 MEDICARE  8 UNINSURED (INCLUDED IN NON-GOVERNMENT)  1 MON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE  8 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE)  3 MEDICARE  8 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE)  3 MEDICARE  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  1 TOTAL OUTPATIENT CHARGES  1 TOTAL GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  5 OTHER MEDICAL ASSISTANCE  C. TOTAL ACCRUED CHARGES  1 TOTAL GOVERNMENT ACCRUED CHARGES  1 TOTAL ACCRUED CHARGES  1 MEDICAR  1 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  1 MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  1 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL A	, ,	· ·	ACTÚAL
A. INPATIENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL SSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICAL ASSISTANCE 3 MEDICAL ASSISTANCE 4 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 TOTAL INPATIENT OCVERNMENT CHARGES 4 S671  7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 TOTAL INPATIENT OCVERNMENT CHARGES 4 S672  8 DUTPATIENT CHARGES 5 S74  8 DUTPATIENT CHARGES 7 INON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 8 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL OUTPATIENT CHARGES 7 TOTAL ACCRUED CHARGES 8 S17.67  1 TOTAL ACCRUED CHARGES 1 TOT	LINE	DESCRIPTION	FY 2016
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)   \$230   2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   233   4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   233   5 OTHER MEDICAL ASSISTANCE	I.	ACCRUED CHARGES AND PAYMENTS	
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)   \$230   2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   233   4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   233   5 OTHER MEDICAL ASSISTANCE	Α.	INPATIENT ACCRUED CHARGES	
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   233		NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$202,622,724
4 MEDICAID			436,901,713
5 OTHER MEDICAL ASSISTANCE         CHAMPUS / TRICARE           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         10           TOTAL INPATIENT GOVERNMENT CHARGES         \$871           B. OUTPATIENT ACCRUED CHARGES         \$874           B. OUTPATIENT ACCRUED CHARGES         \$324           I NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$324           2 MEDICARE         252           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         304           4 MEDICAID         304           5 OTHER MEDICAL ASSISTANCE         1           6 CHAMPUIS / TRICARE         1           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         38           1 TOTAL OUTPATIENT GOVERNMENT CHARGES         \$558           1 TOTAL OUTPATIENT CHARGES         \$893           C. TOTAL ACCRUED CHARGES         \$893           1 TOTAL ACCRUED CHARGES         \$559           1 TOTAL ACCRUED CHARGES         \$1,230           2 MEDICARE         \$1           3 MEDICAL ASSISTANCE (INCLUD			233,980,593 233,980,593
TOTAL ROPATIENT GOVERNMENT CHARGES  TOTAL INPATIENT GOVERNMENT CHARGES  B. OUTPATIENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  3340  MEDICARE  3 MEDICAL SISSITANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  304 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  305 OTHER MEDICAL ASSISTANCE  4 MEDICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  306 TOTAL OUTPATIENT GOVERNMENT CHARGES  5 TOTAL OUTPATIENT GOVERNMENT CHARGES  5 TOTAL ACCRUED CHARGES  1 NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  5 SST  TO INPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE)  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  1 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED OTHER MEDICAL ASSISTANCE)  6 CHAMPUS / T	5	OTHER MEDICAL ASSISTANCE	0
TOTAL INPATIENT GOVERNMENT CHARGES \$571 TOTAL INPATIENT CHARGES \$587  B. DUTPATIENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL OUTPATIENT GOVERNMENT CHARGES 5 S588 7 TOTAL OUTPATIENT HARGES 5 S588 7 TOTAL OUTPATIENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 7 TOTAL ACCRUED CHARGES 1 TOTAL ACCRUED CHARGES 3 S1893 TOTAL ACCRUED CHARGES 5 S17,767  D. INPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL INPATIENT PAYMENTS 7 OTHAL INPATIENT PAYMENTS 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 OTHAL INPATIENT GOVERNMENT PAYMENTS 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 OTHAL OUTPATIENT GOVERNMENT PAYMENTS 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 7 OTHAL OUTPATIENT ACCRUED PAYMENTS 7 OTHAL OUTPATIENT ACCRUED PAYMENTS 7 OTHAL OUTPATIENT ACCRUED PAYMENTS 7 OTHAL GOVERNMENT AC			911,152
B. OUTPATIENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 233  2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDED IN NON-GOVERNMENT) 4 MEDICAL ASSISTANCE 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8 MEDICAL OUTPATIENT GOVERNMENT CHARGES 9 MEDICAL OUTPATIENT GOVERNMENT CHARGES 1 TOTAL OUTPATIENT GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 1 TOTAL MON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 2 TOTAL ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE) 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 TOTAL INPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 SOTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE) 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDING OTHER MEDICAL ASSISTANCE) 7 OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 7 TOTAL OUTPATIENT ACCRUED PAYMENTS 7 SELECTION OF THE M			10,924,791 <b>\$671,793,458</b>
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)   \$334   2 MEDICATE   \$252   3 MEDICATE   \$304   4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   304   4 MEDICAL ASSISTANCE   304   5 OTHER MEDICAL ASSISTANCE   304   6 CHAMPUS / TRICARE   1   7 UNINSURED (INCLUDED IN NON-GOVERNMENT)   38   707AL OUTPATIENT GOVERNMENT CHARGES   \$558   707AL OUTPATIENT CHARGES   \$893   C. TOTAL ACCRUED CHARGES   \$558   1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)   \$537   2 TOTAL ACCRUED CHARGES   \$1,767   TOTAL ACCRUED CHARGES   \$1,767   D. INPATIENT ACCRUED PAYMENTS   \$120   MEDICARE   \$1,767   TOTAL INDIVIDUAL SASISTANCE (INCLUDING SELF PAY / UNINSURED)   \$344   MEDICARE   \$1,767   MEDICARE			\$874,416,182
2 MEDICARE         252           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         304           4 MEDICAID         304           5 OTHER MEDICAL ASSISTANCE         0           6 CHAMPUS / TRICARE         1           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         38           TOTAL OUTPATIENT GOVERNMENT CHARGES         \$558           TOTAL OUTPATIENT GOVERNMENT CHARGES         \$893           C. TOTAL ACCRUED CHARGES         \$893           1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)         \$537           2 TOTAL GOVERNMENT ACCRUED CHARGES         \$1,230           TOTAL ACCRUED PAYMENTS         \$1,767           D. INPATIENT ACCRUED PAYMENTS         \$1,767           I NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$94           2 MEDICARE         \$134           MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         \$15           4 MEDICALD         \$51           4 MEDICALD         \$51           5 OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED)         \$51           6 CHAMPUS / TRICARE         \$51           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$5           TOTAL INPATIENT GOVERNMENT PAYMENTS         \$18           1 NON-GOVERNMENT (INCLUDING SELF PAY / U			\$204.04F.000
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   304			\$334,645,820 252,478,826
5 OTHER MEDICAL ASSISTANCE         1           6 CHAMPUS / TRICARE         1           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         38           TOTAL OUTPATIENT GOVERNMENT CHARGES         \$558           TOTAL OUTPATIENT CHARGES         \$893           C. TOTAL ACCRUED CHARGES         \$893           1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)         \$537           2 TOTAL GOVERNMENT ACCRUED CHARGES         \$1,230           1 TOTAL ACCRUED CHARGES         \$1,767           D. INPATIENT ACCRUED PAYMENTS         \$1,767           1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$44           2 MEDICARE         \$134           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         \$15           4 MEDICAID         \$1           5 OTHER MEDICAL ASSISTANCE         \$1           6 CHAMPUS / TRICARE         \$1           7 UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$5           TOTAL INPATIENT GOVERNMENT PAYMENTS         \$186           TOTAL INPATIENT PAYMENTS         \$281           E. OUTPATIENT ACCRUED PAYMENTS         \$281           1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$118           3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           6 CHAMPU			304,832,821
6         CHAMPUS/TRICARE         1           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         38           TOTAL OUTPATIENT GOVERNMENT CHARGES         \$558           TOTAL OUTPATIENT CHARGES         \$893           C.         TOTAL ACRUED CHARGES         \$537           1         TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)         \$537           2         TOTAL ACCRUED CHARGES         \$1,230           3         TOTAL ACCRUED PAYMENTS         \$1,767           4         TOTAL ACCRUED PAYMENTS         \$1,767           5         1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$34           4         MEDICARE         \$134           3         MEDICALE ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         \$1           4         MEDICAID         \$5           5         OTHER MEDICAL ASSISTANCE         \$1           4         MEDICAID         \$1           5         OTHER MEDICAL ASSISTANCE         \$1           6         CHAMPUS / TRICARE         \$1           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         \$281           E. OUTPATIENT ACCRUED PAYMENTS         \$186           1         NON-GOVERNMENT SUNCHARDANCE			304,832,821
TOTAL OUTPATIENT GOVERNMENT CHARGES  TOTAL OUTPATIENT CHARGES  \$558  TOTAL OUTPATIENT CHARGES  \$893  C. TOTAL ACCRUED CHARGES  1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  2 TOTAL GOVERNMENT ACCRUED CHARGES  1 NON-GOVERNMENT ACCRUED CHARGES  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL DIA MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 TOTAL INPATIENT GOVERNMENT PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 TOTAL INPATIENT GOVERNMENT PAYMENTS  5 TOTAL INPATIENT GOVERNMENT PAYMENTS  5 ISBB  TOTAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 ISBB  TOTAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 ISBB  TOTAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 ISBB  TOTAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 ISBB  TOTAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 ITBB  TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL SSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS  5 TOTAL OUTPATIENT PAYMENTS  5 TOTAL OON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OON-GOVERNMENT ACCRUED PAYMENTS  2 TOTAL OON-GOVERNMENT ACCRUED PAYMENTS			1,072,941
TOTAL OUTPATIENT GOVERNMENT CHARGES   \$558			38,794,461
C.         TOTAL ACCRUED CHARGES           1         TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)         \$537           2         TOTAL GOVERNMENT ACCRUED CHARGES         1,230           TOTAL ACCRUED CHARGES         \$1,767           D.         INPATIENT ACCRUED PAYMENTS         \$1,767           1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$94           2         MEDICARE         134           3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         51           4         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         51           5         OTHER MEDICAL ASSISTANCE         51           6         CHAMPUS / TRICARE         51           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL INPATIENT GOVERNMENT PAYMENTS         \$186           E.         OUTPATIENT ACCRUED PAYMENTS         \$281           2         MEDICARE         43           3         MEDICARE         43           4         MEDICARE         43           5         OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           6         CHAMPUS / TRICARE         48           7         UNINSURED (INCLUDED		TOTAL OUTPATIENT GOVERNMENT CHARGES	\$558,384,588
TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)   \$537   1,230		TOTAL OUTPATIENT CHARGES	\$893,030,408
2 TOTAL GOVERNMENT ACCRUED CHARGES  TOTAL ACGRUED CHARGES  \$1,767  D. INPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE  134  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  TOTAL INPATIENT GOVERNMENT PAYMENTS  5 186  TOTAL INPATIENT GOVERNMENT PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICAL SSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED)  4 MEDICAL INPATIENT GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS  \$ 391  TOTAL OUTPATIENT GOVERNMENT PAYMENTS  \$ 210  F. TOTAL ACCRUED PAYMENTS  1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  \$ 223	_		
TOTAL ACCRUED CHARGES  D. INPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 TOTAL INPATIENT GOVERNMENT PAYMENTS  E. OUTPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE  4 MEDICAL  5 UNINSURED (INCLUDING SELF PAY / UNINSURED)  4 MEDICARE  5 UNINSURED (INCLUDING SELF PAY / UNINSURED)  4 MEDICARE  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS  5 TOTAL OUTPATIENT GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OUTPATIENT ACCRUED PAYMENTS  5 TOTAL OUTPATIENT GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OUTPATIENT ACCRUED PAYMENTS  5 TOTAL OUTPATIENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OUTPATIENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OUTPATIENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL OUTPATIENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  5 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)			\$537,268,544 1,230,178,046
1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$94           2         MEDICARE         134           3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         51           4         MEDICAL ASSISTANCE         51           5         OTHER MEDICAL ASSISTANCE         6           6         CHAMPUS / TRICARE         7           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL INPATIENT GOVERNMENT PAYMENTS         \$186           TOTAL INPATIENT PAYMENTS         \$281           E.         OUTPATIENT ACCRUED PAYMENTS           1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$118           2         MEDICARE         43           3         MEDICARE         43           4         MEDICARE         48           5         OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           6         CHAMPUS / TRICARE         48           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL OUTPATIENT GOVERNMENT PAYMENTS         \$91           TOTAL OUTPATIENT PAYMENTS         \$210           F.         TOTAL ACCRUED PAYMENTS         \$213           7         TOTAL			\$1,767,446,590
1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$94           2         MEDICARE         134           3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         51           4         MEDICAL ASSISTANCE         51           5         OTHER MEDICAL ASSISTANCE         6           6         CHAMPUS / TRICARE         7           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL INPATIENT GOVERNMENT PAYMENTS         \$186           TOTAL INPATIENT PAYMENTS         \$281           E.         OUTPATIENT ACCRUED PAYMENTS           1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$118           2         MEDICARE         43           3         MEDICARE         43           4         MEDICARE         48           5         OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           6         CHAMPUS / TRICARE         48           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL OUTPATIENT GOVERNMENT PAYMENTS         \$91           TOTAL OUTPATIENT PAYMENTS         \$210           F.         TOTAL ACCRUED PAYMENTS         \$213           7         TOTAL	<b>D</b>	INDATIENT ACCOURD DAVMENTS	
2 MEDICARE			\$94,956,952
4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL INPATIENT GOVERNMENT PAYMENTS 5 TOTAL INPATIENT PAYMENTS 5 **  E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 6 TOTAL OUTPATIENT PAYMENTS 7 TOTAL OUTPATIENT PAYMENTS 1 TOTAL OUTPATIENT PAYMENTS 1 TOTAL OUTPATIENT PAYMENTS 1 TOTAL OUTPATIENT PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 1 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 3 \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS			134,836,551
5         OTHER MEDICAL ASSISTANCE           6         CHAMPUS / TRICARE           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)           5         TOTAL INPATIENT GOVERNMENT PAYMENTS           8186         TOTAL INPATIENT PAYMENTS           8281         \$281           E.         OUTPATIENT ACCRUED PAYMENTS           1         NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         \$118           2         MEDICARE         43           3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           4         MEDICAID         48           5         OTHER MEDICAL ASSISTANCE         6           6         CHAMPUS / TRICARE         7           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL OUTPATIENT GOVERNMENT PAYMENTS         \$91           TOTAL OUTPATIENT PAYMENTS         \$210           F.         TOTAL ACCRUED PAYMENTS         \$210           1         TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)         \$213           2         TOTAL GOVERNMENT ACCRUED PAYMENTS         278			51,084,429 51,084,429
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL INPATIENT GOVERNMENT PAYMENTS \$186 TOTAL INPATIENT PAYMENTS \$281  E. OUTPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$118 2 MEDICARE \$43 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$48 4 MEDICAID \$48 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE \$48 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$91 TOTAL OUTPATIENT PAYMENTS \$210  F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS \$278			0
TOTAL INPATIENT GOVERNMENT PAYMENTS \$186  TOTAL INPATIENT ACCRUED PAYMENTS  E. OUTPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS  TOTAL OUTPATIENT PAYMENTS  5 TOTAL ACCRUED PAYMENTS  1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  2 TOTAL GOVERNMENT ACCRUED PAYMENTS  278			168,167
E. OUTPATIENT ACCRUED PAYMENTS  1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  2 MEDICARE  3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)  4 MEDICAL OTHER MEDICAL ASSISTANCE  5 OTHER MEDICAL ASSISTANCE  6 CHAMPUS / TRICARE  7 UNINSURED (INCLUDED IN NON-GOVERNMENT)  TOTAL OUTPATIENT GOVERNMENT PAYMENTS  \$91  TOTAL OUTPATIENT PAYMENTS  1 TOTAL ACCRUED PAYMENTS  1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  \$213  2 TOTAL GOVERNMENT ACCRUED PAYMENTS	7		5,502,869
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$118 2 MEDICARE 43 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 48 4 MEDICAID 48 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 55 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$91 TOTAL OUTPATIENT PAYMENTS \$210  F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278			\$186,089,147 \$281,046,099
2       MEDICARE       43         3       MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       48         4       MEDICAID       48         5       OTHER MEDICAL ASSISTANCE       6         6       CHAMPUS / TRICARE       7         7       UNINSURED (INCLUDED IN NON-GOVERNMENT)       5         TOTAL OUTPATIENT GOVERNMENT PAYMENTS       \$91         TOTAL OUTPATIENT PAYMENTS       \$210         F.       TOTAL ACCRUED PAYMENTS       \$213         1       TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)       \$213         2       TOTAL GOVERNMENT ACCRUED PAYMENTS       278			
3         MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)         48           4         MEDICAID         48           5         OTHER MEDICAL ASSISTANCE         6           6         CHAMPUS / TRICARE         7           7         UNINSURED (INCLUDED IN NON-GOVERNMENT)         5           TOTAL OUTPATIENT GOVERNMENT PAYMENTS         \$91           TOTAL OUTPATIENT PAYMENTS         \$210           F. TOTAL ACCRUED PAYMENTS           1         TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)         \$213           2         TOTAL GOVERNMENT ACCRUED PAYMENTS         278			\$118,641,692 43.767.919
4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 5 TOTAL OUTPATIENT PAYMENTS 5 \$91  F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278			43,767,919
6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$91 TOTAL OUTPATIENT PAYMENTS \$210  F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278	4	MEDICAID	48,056,138
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 5 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$91 TOTAL OUTPATIENT PAYMENTS \$210  F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278			0
TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$91 TOTAL OUTPATIENT PAYMENTS \$210  F. TOTAL ACCRUED PAYMENTS  1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278			117,668 5,014,778
F. TOTAL ACCRUED PAYMENTS  1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)  2 TOTAL GOVERNMENT ACCRUED PAYMENTS  278			\$91,941,725
1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$213 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278		TOTAL OUTPATIENT PAYMENTS	\$210,583,417
2 TOTAL GOVERNMENT ACCRUED PAYMENTS 278			фо40 F00 2 · · ·
			\$213,598,644 278,030,872
TOTAL ACCRUED PAYMENTS \$491			\$491,629,516

	BRIDGEPORT HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND			
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES			
(1)	(2)			
(')	(2)	(3)		
	PEGGDIPTION	ACTUAL		
LINE	DESCRIPTION	FY 2016		
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA			
Α.	ACCRUED DISCHARGES	5.00		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,69		
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,16 6,76		
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,76		
5	OTHER MEDICAL ASSISTANCE	0,70		
6	CHAMPUS/TRICARE	3		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26		
	TOTAL GOVERNMENT DISCHARGES	14,96		
	TOTAL DISCHARGES	20,65		
_	O A OF MAY INDEX			
<u>В.</u> 1	CASE MIX INDEX     NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.2920		
2	MEDICARE	1.6724		
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.1296		
4	MEDICAID	1.1296		
5	OTHER MEDICAL ASSISTANCE	0.0000		
6	CHAMPUS / TRICARE	0.9245		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.2895		
	TOTAL GOVERNMENT CASE MIX INDEX	1.4251		
	TOTAL CASE MIX INDEX	1.3884		
C.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$476,784,876		
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$277,391,098		
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$199,393,778		
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.829		
	THE OVER OF FINAL PANOE OF COORDENS AND FINAL PANOE OF COO			
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0		
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0		
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0		
8	CHARITY CARE	\$16,129,090		
9	BAD DEBTS	\$37,242,642		
10	TOTAL UNCOMPENSATED CARE	\$53,371,732		
		, , , , , , , , , , , , , , , , , , , ,		
11	TOTAL OTHER OPERATING REVENUE	\$6,473,222		
12	TOTAL OPERATING EXPENSES	\$470,194,000		

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	BRIDGEPORT HOSPITAL	
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
<u>INE</u>	DESCRIPTION	FY 2016
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$491,629,51
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	
	OHCA DEFINED NET REVENUE	\$491,629,5°
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$18,891,19
	CALCULATED NET REVENUE	\$472,738,3
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$472,738,3
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$1,767,446,59
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	
	CALCULATED GROSS REVENUE	\$1,767,446,59
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,767,446,59
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$53,371,73
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$522,50
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$53,894,23
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$53,894,23
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	

#### BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

#### **REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
<u>LINE</u>	DESCRIPTION	FY 2015	FY 2016	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
Α.	Hospital Charity Care (from HRS Report 500)				
11	Number of Applicants	2,985	2,292	(693)	-23%
2	Number of Approved Applicants	1,970	1,918	(52)	-3%
3	Total Charges (A)	\$13,728,345	\$16,129,090	\$2,400,745	17%
4	Average Charges	\$6,969	\$8,409	\$1,441	21%
5	Ratio of Cost to Charges (RCC)	0.251129	0.251050	(0.000079)	0%
6	Total Cost	\$3,447,586	\$4,049,208	\$601,622	17%
7	Average Cost	\$1,750	\$2,111	\$361	21%
	Charity Care Innations Charges	<b>#2.022.447</b>	¢4.504.004	<b>#</b> 000 007	4.00/
8	Charity Care - Inpatient Charges	\$3,832,447	\$4,524,684	\$692,237	18%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	5,464,756	5,356,086	(108,670)	-2%
10	Charity Care - Emergency Department Charges	4,431,142	6,248,320	1,817,178	41%
11	Total Charges (A)	\$13,728,345	\$16,129,090	\$2,400,745	17%
12	Charity Care - Number of Patient Days	2,652	4,741	2,089	79%
13	Charity Care - Number of Discharges	643	953	310	48%
14	Charity Care - Number of Outpatient ED Visits	9,508	8,908	(600)	-6%
	Charity Care - Number of Outpatient Visits (Excludes ED	-,	-,	()	
15	Visits)	8,213	9,392	1,179	14%
	Heavital Red Dahte (from URC Revent 500)				
В.	Hospital Bad Debts (from HRS Report 500)	C40 404 740	<b>C40 447 050</b>	<b>#005.000</b>	00/
1	Bad Debts - Inpatient Services	\$10,161,748	\$10,447,656	\$285,908	3%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	14,489,819	12,367,393	(2,122,426)	-15%
3	Bad Debts - Emergency Department	11,749,188	14,427,593	2,678,405	23%
4	Total Bad Debts (A)	\$36,400,755	\$37,242,642	\$841,887	2%
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$13,728,345	\$16,129,090	\$2,400,745	17%
2	Bad Debts (A)	36,400,755	37,242,642	841,887	2%
3	Total Uncompensated Care (A)	\$50,129,100	\$53,371,732	\$3,242,632	6%
		M40.004.405	<b></b>	фо <del>то</del> 11-	
4	Uncompensated Care - Inpatient Services	\$13,994,195	\$14,972,340	\$978,145	7%
_	Uncompensated Care - Outpatient Services (Excludes ED	40.054.555	17 700 170	(0.004.000)	
5	Unc. Care)	19,954,575	17,723,479	(2,231,096)	-11%
6	Uncompensated Care - Emergency Department	16,180,330	20,675,913	4,495,583	28%
7	Total Uncompensated Care (A)	\$50,129,100	\$53,371,732	\$3,242,632	6%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

		BRIDGEPORT HOSPI	TAL		
		TWELVE MONTHS ACTUA	L FILING		
		FISCAL YEAR 201	6		
		AL NON-GOVERNMENT GROSS RE		ALLOWANCES,	
	Α	ACCRUED PAYMENTS AND DISCO	JNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
(-)	(-)	FY 2015	FY 2016	(6)	(0)
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	NON-GOVERNMENT	NON-GOVERNMENT	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$481,291,196	\$476,784,876	(\$4,506,320)	-19
2	Total Contractual Allowances	\$194,273,125	\$199,393,778	\$5,120,653	39
	Total Accrued Payments (A)	\$287,018,071	\$277,391,098	(\$9,626,973)	-3%
	Total Discount Percentage	40.36%	41.82%	1.46%	49
(A) Ac	crued Payments associated with Non-Gov	vernment Contractual Allowances r	nust exclude any reduction	n for Uncompensated	I Care.

#### **BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE** (2) (1) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2014 FY 2015 FY 2016 **Gross and Net Revenue** Α. 1 Inpatient Gross Revenue \$830,654,694 \$876,470,158 \$874,416,182 \$862,425,043 \$893,030,408 2 Outpatient Gross Revenue \$883,517,182 Total Gross Patient Revenue \$1,693,079,737 \$1,759,987,340 \$1,767,446,590 Net Patient Revenue \$439,375,000 \$466,074,000 \$472,739,000 В. **Total Operating Expenses** \$470,194,000 1 Total Operating Expense \$426,496,000 \$443,456,000 C. **Utilization Statistics** Patient Days 1 101,235 109,472 105,942 18.207 19.815 20.657 2 Discharges 3 Average Length of Stay 5.6 5.5 5.1 206,342 219,824 214,139 Equivalent (Adjusted) Patient Days (EPD) 4 0 Equivalent (Adjusted) Discharges (ED) 37,110 39,789 41,754 D. **Case Mix Statistics** 1.32951 1.36062 1.38848 1 Case Mix Index 147,098 Case Mix Adjusted Patient Days (CMAPD) 134,593 148,950 2 26,961 28,682 Case Mix Adjusted Discharges (CMAD) 24,206 3 Case Mix Adjusted Equivalent Patient Days (CMAEPD) 274,334 299,098 297,327 57,974 49,339 54,138 5 Case Mix Adjusted Equivalent Discharges (CMAED) E. **Gross Revenue Per Statistic** \$16,683 Total Gross Revenue per Patient Day \$16,724 \$16,077 1 2 Total Gross Revenue per Discharge \$92,991 \$88,821 \$85,562 Total Gross Revenue per EPD \$8,006 \$8,254 3 \$8,205 \$44,233 \$42,330 4 Total Gross Revenue per ED \$45,623 Total Gross Revenue per CMAEPD 5 \$6,172 \$5,884 \$5,944 Total Gross Revenue per CMAED \$34,315 \$32,509 \$30,487 6 \$3,987 \$4,083 7 Inpatient Gross Revenue per EPD \$4,026 \$22,383 \$22,028 \$20,942 8 Inpatient Gross Revenue per ED

#### **BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE** (2) (1) (4) (5) (3) ACTUAL **ACTUAL** ACTUAL LINE DESCRIPTION FY 2014 FY 2015 FY 2016 Net Revenue Per Statistic F. Net Patient Revenue per Patient Day \$4,340 \$4,257 \$4,462 2 Net Patient Revenue per Discharge \$24,132 \$23,521 \$22,885 Net Patient Revenue per EPD \$2,120 \$2,208 3 \$2,129 Net Patient Revenue per ED \$11,840 \$11,714 \$11,322 4 5 Net Patient Revenue per CMAEPD \$1,602 \$1,558 \$1,590 Net Patient Revenue per CMAED \$8,905 \$8,609 \$8,154 G. Operating Expense Per Statistic 1 Total Operating Expense per Patient Day \$4,213 \$4,051 \$4,438 Total Operating Expense per Discharge \$23,425 \$22,380 \$22,762 2 \$2,017 Total Operating Expense per EPD \$2,067 \$2,196 3 4 Total Operating Expense per ED \$11,493 \$11,145 \$11.261 \$1,581 Total Operating Expense per CMAEPD \$1,555 \$1,483 Total Operating Expense per CMAED \$8,644 \$8,191 \$8,110 6 H. **Nursing Salary and Fringe Benefits Expense** \$53,745,825 \$58,048,061 Nursing Salary Expense \$59,163,449 1 2 Nursing Fringe Benefits Expense \$13,784,956 \$15,773,784 \$14,121,639 \$73,285,088 Total Nursing Salary and Fringe Benefits Expense \$67,530,781 \$73,821,845 **Physician Salary and Fringe Expense** I. 1 Physician Salary Expense \$13,355,748 \$14,415,875 \$15,535,039 \$2.621.112 Physician Fringe Benefits Expense \$2.616.814 \$2.895.000 2 **Total Physician Salary and Fringe Benefits Expense** \$15,972,562 \$17,310,875 \$18,156,151 J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense Non-Nursing, Non-Physician Salary Expense \$86,349,427 \$84,157,064 \$83,955,512 2 Non-Nursing, Non-Physician Fringe Benefits Expense \$31,703,230 \$31,916,216 \$28,558,249 \$118,052,657 \$116,073,280 \$112,513,761 Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense K. Total Salary and Fringe Benefits Expense Total Salary Expense \$153,451,000 \$156,621,000 \$158,654,000 1 \$45,301,000 2 Total Fringe Benefits Expense \$48,105,000 \$50,585,000 Total Salary and Fringe Benefits Expense \$201,556,000 \$207,206,000 \$203,955,000

#### **BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE** (2) (1) (4) (5) (3) ACTUAL **ACTUAL** ACTUAL LINE DESCRIPTION FY 2014 FY 2015 FY 2016 **Total Full Time Equivalent Employees (FTEs)** L. Total Nursing FTEs 616.4 666.6 677.8 Total Physician FTEs 117.0 122.4 125.8 2 Total Non-Nursing, Non-Physician FTEs 1417.6 1348.9 1355.9 Total Full Time Equivalent Employees (FTEs) 2,151.0 2,137.9 2,159.5 М. Nursing Salaries and Fringe Benefits Expense per FTE 1 Nursing Salary Expense per FTE \$87,193 \$87,081 \$87,287 2 Nursing Fringe Benefits Expense per FTE \$22,364 \$23,663 \$20,835 Total Nursing Salary and Fringe Benefits Expense per FTE \$109,557 \$110,744 \$108,122 N. Physician Salary and Fringe Expense per FTE 1 Physician Salary Expense per FTE \$114,152 \$117,777 \$123,490 Physician Fringe Benefits Expense per FTE \$22,366 \$23,652 \$20,836 2 3 Total Physician Salary and Fringe Benefits Expense per FTE \$136,518 \$141,429 \$144,326 Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE Ο. Non-Nursing, Non-Physician Salary Expense per FTE \$60,912 \$62,389 \$61,919 1 Non-Nursing, Non-Physician Fringe Benefits Expense per FTE \$22,364 \$23,661 \$21,062 2 Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE \$83,276 \$86,050 \$82,981 3 Ρ. Total Salary and Fringe Benefits Expense per FTE Total Salary Expense per FTE \$71,339 \$73,259 1 \$73,468 Total Fringe Benefits Expense per FTE \$22,364 \$20,978 2 \$23,661 Total Salary and Fringe Benefits Expense per FTE \$93,703 \$96.920 \$94,445 3 Q. Total Salary and Fringe Ben. Expense per Statistic 1 Total Salary and Fringe Benefits Expense per Patient Day \$1,991 \$1,893 \$1,925 Total Salary and Fringe Benefits Expense per Discharge \$11,070 \$10,457 \$9,873 2 Total Salary and Fringe Benefits Expense per EPD \$952 3 \$977 \$943 Total Salary and Fringe Benefits Expense per ED \$4,885 4 \$5,431 \$5,208 Total Salary and Fringe Benefits Expense per CMAEPD \$735 \$693 \$686 5 6 Total Salary and Fringe Benefits Expense per CMAED \$4,085 \$3,827 \$3,518